National Emphysema Treatment Trial

NETT

Limited Access Database Documentation

May 2006

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Dataset Specifications

1. These are the limited access master data files for NETT as of the October, 2004 TR Master Database. Mortality is up to date through 30 September 2004.

2. Data files and this documentation are included on the CD. Data files are:

aa.tpt	mm.tpt	subnejm.tpt
ab.tpt	mo.tpt	substudy.tpt
at.tpt	mv.tpt	tmto.tpt
bu.tpt	pe.tpt	ue_admit.tpt
dr.tpt	pm.tpt	ue_exreh.tpt
eb.tpt	pulmfunc.tpt	ue_lvr14.tpt
eh.tpt	qb.tpt	ue_nnett.tpt
er.tpt	qe.tpt	ue_noreh.tpt
es.tpt	qf.tpt	ue_ref.tpt
ew.tpt	qg.tpt	ue_trns.tpt
ga.tpt	qs.tpt	valids.tpt
hb.tpt	qw.tpt	vc.tpt
hf.tpt	rc.tpt	wcore.tpt
hi.tpt	rcore.tpt	whole.tpt
iacparam.tpt	resid.tpt	wpeel.tpt
inelig.tpt	rhole.tpt	wver2.tpt
ja.tpt	rp.tpt	xp.tpt
lcore.tpt	rpeel.tpt	xs.tpt
lhole.tpt	rr.tpt	xz.tpt
lpeel.tpt	rver2.tpt	
lver2.tpt		

   Other files included on the CD are: limaccdoc.pdf (this documentation).

3. Data file format: SAS transport files

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General Comments on Database

Introduction: The NETT Limited Access Database is derived from the October 2004 version of the NETT Master Database. The Limited Access Database includes data collected in the main trial and the Cardiovascular Substudy, the Exercise ABG Substudy, and the Lung Mechanics Substudy, as well as data generated by the IAC from the chest CT scans collected in NETT.

Data for randomized patients and data for non randomized patients are included in the Database.

The Database includes data collected under the original contract period, data collected under the initial extension (data collection in 2003), and data collected in the mailed quality of life followup (January through June 2004). Vital status is up to date through 30 September 2004.

The NETT data are too voluminous to provide one record per patient with all NETT data included. What we have provided are files for specific data forms or for types of data. A SAS Proc Contents listing is provided for each file. In the case of files that correspond to specific NETT forms, early form revisions have been coded to the most recent revision of the form; copies of the most recent revision of a form are included with this documentation. Form revisions may result in blank items for some items if the item in question was not included on the earlier form version.

The MEDID variable in the valids.tpt file identifies whether a patient is randomized or not, and if randomized, it identifies the randomly assigned treatment (MEDID=blank if non randomized, =1 if assigned to medical treatment, =2 or 3 if assigned to LVRS [2= median sternotomy, 3=VATS]).

File formats, variable names, and variable formats: All files are SAS 6.12 files in SAS transport file format. Each variable on each file has an associated SAS label, except in the case of the files received from the IAC. Variables which are in direct correspondence to a form item (and so in direct correspondence to the response categories on the form) are named ffxiii where ffx is the form abbreviation and revision number and iii is the item number. For example, variable aa309 is item 9 on revision 3 of form AA.

Deletions to protect patient confidentiality: The Limited Access Database does not include these items of information, even though they were collected on NETT forms: Clinic, date of birth, zip code of residence, height, weight, HIC number, social security number, type of health insurance, data in response to Other (specify) items, data in response to administrative information sections on forms (staff PIN, date and time of next appointment, form review date), death certificate data, satellite information, and comment fields. Race/ethnicity responses have been pooled to be Caucasian (white) or other. Age at start of screening is provided on the EB form, but age 51 or less is coded as 00 and age 80 or greater is coded as 99. Adverse event forms are not included in the Database.

Dates: All dates have been converted to the number of days before or after the randomization date, if the patient was randomized (so for randomized patients, date of randomization [variable name ENROLLDT] = 0). For non randomized patients, all dates have been converted to the number of days after the date screening started (so for non randomized patients, date screening started [variable name ELIGDT] = 0).

Patient ID number and clinic identifiers: Every record includes a recoded ID number for the patient the record refers to. The variable corresponding to the recoded patient ID number (variable name NEWNETT) is a 5 character alphabetic text string.

Visit codes: NETT visit codes are s1, s2, s3, rz, n, f01, f02, f04, f06, f08, f10, f12, f15, f18, f21, f24, f27, f30, f33, f36, f39, f42, f45, f48, f51, f54, f57, and f60. For visits with code fxx, xx is the number of months from randomization. Visit codes s1and s2 refer to pre rehabilitation, pre randomization

visits. A patient has a visit s2 if the visit was needed to obtain certain measurements that were within 42 days of the start of rehab. A patient has a visit rz if the visit was needed to obtain certain measurements that were within 21 days of randomization. Hence, not all patients will have s2 visits and not all patients will have rz visits for measurement data.

The rz visit code was also used for four randomization phase forms: the XZ form (which documents randomization to treatment), the RP form (which documents the perfusion scan done prior to randomization), and the XS and XP surgery data forms. The n visit code was used for forms that are not associated with a particular visit. The n visit code was also used for the quality of life forms collected during the second extension of NETT followup (mailed collection of quality of life forms in the first six months of 2004).

Decimal points have not been keyed for numeric data items. Variables that are in direct correspondence with a form item remain in the format that they were keyed in – ie, character data and without a decimal point. The user must transform the keyed value into numeric data as needed (eg, you must divide by 10, 100, or other appropriate denominator depending on the format of the item on the NETT form). If there is no denominator (ie, the item was recorded in a whole number format), then add 0 to a numeric item to transform the data from character to numeric. If the variable name is not in the format ffxiii, then the variable most likely has already been put into analysis-ready format.

Pre rehab and post rehab baseline values: When identifying the pre rehab baseline value for a specific procedure, the records for the specific procedure being analyzed need to be checked for s1 and s2 values, and the later visit constitutes the pre rehab baseline; similarly, when identifying the post rehab baseline for a specific procedure, the records for the specific procedure being analyzed need to be checked for s3 and rz values, and the later visit constitutes the post rehab baseline. If the patient has both s1 and s2 values for a measurement, the s2 value is used as the pre rehab value. If a patient has both s3 and rz values for a measurement, the rz value is used as the post rehab value. Note that only measurements that were out of these time windows were repeated – a patient could have a mix of s1 and s2 values serve as the pre rehab baseline values (eg, s1 spirometry might have been within 42 days of starting rehab, while the s1 exercise test was out of that window, requiring the exercise test, but not spirometry, be repeated at s2; in this case the s2 exercise test value serves as the pre rehab baseline exercise value and the s1 spirometry values serve as the pre rehab baseline spirometry values).

In general, the baseline from which change from baseline to followup is calculated is the post rehab, pre randomization value.

Visit dates: The procedures for a NETT visit could be spread over several days so long as all dates were within the time window for the visit. The time windows for the NETT visits (ideal, opening date, closing date; enrolldt=randomization date) are:

f01 (enrolldt+30, ideal-14, ideal+14)
f02 (enrolldt+61, ideal-14, ideal+14)
f04 (enrolldt+122, ideal-14, ideal+14)
f06 (enrolldt+183, enrolldt+92, enrolldt+274; at least 90 days after randomization)
f08 (enrolldt+244, ideal-14, ideal+14)
f10 (enrolldt+304, ideal-14, ideal+14)
f12 (enrolldt+365, enrolldt+275, enrolldt+547; at least 90 days after f06)

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f15 (enrolldt+457, ideal-14, ideal+14)
f18 (enrolldt+548, ideal-14, ideal+14)
f21 (enrolldt+639, ideal-14, ideal+14)
f24 (enrolldt+730, enrolldt+548, enrolldt+913; at least 183 days after f12)
f27 (enrolldt+822, ideal-14, ideal+14)
f30 (enrolldt+913, ideal-14, ideal+14)
f33 (enrolldt+1004, ideal-14, ideal+14)
f36 (enrolldt+1096, enrolldt+914, enrolldt+1278; at least 183 days after f24)
f39 (enrolldt+1187, ideal-14, ideal+14)
f42 (enrolldt+1278, ideal-14, ideal+14)
f45 (enrolldt+1370, ideal-14, ideal+14)
f48 (enrolldt+1461, enrolldt+1279, enrolldt+1644; at least 183 days after f36)
f51 (enrolldt+1552, ideal-14, ideal+14)
f54 (enrolldt+1644, ideal-14, ideal+14)
f57 (enrolldt+1735, ideal-14, ideal+14)
f60 (enrolldt+1826, enrolldt+1645, enrolldt+2009; at least 183 days after f48)

A standard month consists of 30.4375 days and a standard year consists of 365.25 days. The ideal date for a visit is the anniversary of the randomization date.

NETT phases and changes in protocol that resulted in changes in forms required at visits: Data collection on NETT patients began in October, 1997. NETT randomizations began in January, 1998 and ended in July 2002. The original contract phase of patient followup ended on 31 December 2002. NETT was granted a one year extension of followup which allowed followup to be extended from 1 January 2003 through 31 December 2003. NETT was then granted a six months extension of followup for collection by mail of quality of life forms (31 December 2003 through 30 June 2004). Data from all three of these calendar periods of followup are included in this database.

During the original contract period, patients were seen in person for visits f06, f12, f24, f36, f48, and f60. The other fxx visits were telephone visits. A listing of the forms used at each visit is included with this documentation. Starting with the extension year (1 January 2003 through 31 December 2003), only visits f06, f24, f36, and f60 were done in person; the same sets of forms were completed at these visits as were completed during the original phase. During the extension year, visits f12 and f48 were done by telephone and included only the Interim History (IH) form. The telephone visits (f01, f02, f04, f08, f10, f15, f18, f21, f27, f30, f33, f39, f42, f45, f51, f54, f57) and the telephone visit (AT) form were not completed during the extension year. **Analyses that include the extension period (1 January 2003 through 31 December 2003) cannot assume that missing procedure data for visit f12 and f48 are missing due to physical inability of the patient to attend the visit – the procedures were not required to be done at f12 and f48 during 2003.**

During the period of mailed quality of life followup (31 December 2003 through 30 June 2004), only forms QF, QG, QS, and QW were completed. Each patient was asked to complete the forms once during this period and completion could occur at any time during this period. The quality of life forms completed by mail as part of this extension period use visit code n. If you want to analyze the mailed quality of life forms, select QF, QG, QS, and QW forms with visit code n. Another way to use these forms is to map the forms into fxx visit windows and retain those that do not map into an already occupied visit window (ie, a visit for which the form was completed during the one year extension followup).

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Change in 6 minute walk testing protocol: Day 2 six minute walks were eliminated on 24 May 1999.

Vital status: Vital status can be determined by checking the VITSTAT variable in the valids.tpt file. DEATHDT is also included in the valids.tpt, but be aware that we did not have a date of death for every non randomized patient reported as deceased. Every randomized patient reported as deceased does have a known date of death. Thus for non randomized patients, VITSTAT and DEAHTDT are not in 1-1 correspondence, but the two variables are in 1-1 correspondence for randomized patients.

Cautions when dealing with data for non randomized patients: Non randomized patients have incomplete data entry. Every non randomized patient has an EB and an EH form. Non randomized patients who started rehabilitation are also required to have an ER form. No other forms were required for non randomized patients, but other forms keyed for non randomized patients have been retained in the database.

Subgroup status: Five subgroups with differential outcomes by treatment group were identified during the course of NETT: high risk, upper lobe predominant emphysema and low exercise, upper lobe predominant emphysema and high exercise, non upper lobe predominant emphysema and low exercise, and non upper lobe predominant emphysema and high exercise. The subnejm.tpt file indicates subgroup membership for each patient randomized in NETT.

Substudy participation: Data from three substudies conducted in NETT (Cardiovascular, Exercise ABG, and Lung Mechanics) are included in this database. The substudy.tpt file indicates substudy participation for each patient (randomized and non randomized) who participated in at least one of these substudies.

IAC data: The raw IAC data are provided in 12 files: 4 relating to the right lung (rcore.tpt, rpeel.tpt, rver2.tpt, and rhole.tpt), 4 relating to the left lung (lcore.tpt, lpeel.tpt, lver2.tpt, and lhole.tpt), and 4 relating to the whole lung (wcore.tpt, wpeel.tpt, wver2.tpt, and whole.tpt). Within each right lung and left lung file, there are variables relating to the upper, middle, and lower sections of the lung (the variables start with u, m, and l, respectively), as well as variables that relate to the entire (right or left) lung.

Within the core, peel, and ver2 files, there are a series of variables of the form bexxx (eg, be960, be950, etc); each represents the number of voxels below the xxx threshold (Hounsfield cutoff value). There are also a series of variables of the form aexxx (eg, ae50, ae100, etc); each represents the number of voxels above the xxx threshold.

You can calculate % emphysema for the whole lung, the right lung, the right upper lung, the right upper lung core, the right upper lung peel, etc. The basic calculation is bexxx/totvx. NETT investigators have had long discussions about which Hounsfield cutoff value to use. Some felt that the cutoff value should be specific to the slice thickness used in the scan. Slice thickness (slicethi) is specified in each file and varies from 2.47 to 10.5; you can use -950 for < 5 mm, -930 for 5-7.5 mm, -910 for > 7.5 mm. Since the 75th percentile of slice thickness is around 5, this amounts to using -950 for most scans.

For a specific Hounsfield cutoff, core + peel = ver2.

The hole files have a series of "alpha" variables, each corresponding to a specific Hounsfield cutoff

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value. Alpha_1 corresponds to -950, alpha_2 corresponds to -930, and alpha_3 through alpha_6 correspond to -910, -890, -870 and -850, respectively.

For the xxx Hounsfield cutoff, % emphysema is calculated by:

Whole lung: bexxx (from wver2 file) / totvx (from wver2 file)
Whole core: bexxx (from wcore file) / totvx (from wcore file)
Whole peel: bexxx (from wpeel file) / totvx (from wpeel file)

Difference in % emphysema, upper lung - lower lung, is calculated by

(UpperR + UpperL)-(LowerR + LowerL)

Using -950 as the cutoff, the formula is:

[ube950 (from rver2) + ube950 (from lver2)]/[utotvx (from rver2)+utotvx (from lver2)] -

[lbe950 (from rver2) + lbe950 (from lver2)]/[ltotvx (from rver2)+ltotvx (from lver2)]

Difference in alpha, upper lung - lower lung, is calculated by

(UpperR + UpperL)-(LowerR + LowerL)

Using -950 as the cutoff, the formula is:

[ualpha_1 (from rhole)+ualpha_1 (from lhole)] - [lalpha_1 (from rhole)+lalpha_1 (from lhole)]

Two possible definitions of upper lobe predominant by IAC parameters are:

(1) Upper lobe predominant if difference in alpha, upper - lower, < 0
Not upper lobe predominant if difference in alpha, upper - lower, ≥ 0

(2) Upper lobe predominant if different in % emphysema, upper - lower, > 0
Not upper lobe predominant if difference in % emphysema, upper - lower, ≤ 0

A file with calculated IAC parameters (iacparam.tpt) is provided, as well as the 12 raw data files. The parameters in iacparam.tpt relate to the -950 and -960 thresholds.

There are a large number of additional variables included in the IAC data files. These are described in general in the IAC Scan Analysis Variables listing included later in this documentation. Many of these interrelate the locations of emphysematous voxels with regional centroids (whole lung; upper, middle, lower lung; left and right lungs).

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aa.tpt: All AA forms in AA3 format. Item 10, the specify data in items 27 and 29, and items 30-34 have been deleted. Every randomized patient has an AA form.

ab.tpt: All AB forms in AB2 format. Items 10 and 20-24 have been deleted. The AB form was not required if the patient did not complete any post randomization rehabilitation (this event should be documented in ue_noreh.tpt).

at.tpt: All AT forms in AT3 format. The specify data in items 7, 23, 36, and 27 have been deleted. Items 28-36 have been deleted. Note that this form was completed regardless of the success of the interview. That is, the completed AT form can document an interview with the patient, an interview with someone who knows the whereabouts of the patient, and an interview that could not be completed because the patient was unavailable and no one with knowledge of the patient was available for interview. Thus a count of AT forms does not give a count of completed telephone interviews – the contents of the AT form need to be examined to determine which kind of interview the form documents.

bu.tpt: All BU forms in BU2 format. Alpha 1 anti-trypsin data are available at s1. A1AT concentration (item 16) has been converted to mg/dl (concentrations in mg/ml were multiplied by 100 and concentrations in µM were multiplied by 7.5); the new variable name is A1ATCONC. Item 17 has been recoded to A1ATPTYP. The specify data in item 22 have been deleted. Items 23-27 have been deleted.

dr.tpt: All DR forms in DR2 format. The specify data in item 8 have been deleted. Items 9-12 have been deleted. A death report form was to be completed for any registered NETT patient who was reported to be deceased. Hence, this file includes death report forms for randomized and non randomized patients. To identify all deceased NETT patients, use the vitstat variable in the valids.tpt file.

eb.tpt: All EB forms in EB2 format. Item 9 has been deleted, and age (item 10) has been recoded to 00 if age 51 or less and to 99 if age 80 or greater. Item 12 has been dropped (ethnicity coded as white or other is available in the valids.tpt file). Specify data in items 16, 23, 27, and 29 have been dropped. Items 15, 19, 21, 28, 31, 55-58, 60-67 have been deleted.

eh.tpt: All EH forms in EH3 format. Specify data in Items 8, 14 and 24 have been deleted. Items 25-29 have been deleted. Every patient who has an EB form has an EH form. The EH form contains the spirometry and lung function values and CT scan scores for the ineligible patients who did not initiate rehab, if those values were available (the patient could have been found to be ineligible before any of those procedures were done, or after only some of those procedures were done). Also, these values are not available for patients who were found to be ineligible after initiating rehab and who had Form ER completed (because those patients appeared to be eligible as of completion of Form EH).

er.tpt: All ER forms in ER3 format. Specify data in items 10, 14, 15, 16, and 28 have been deleted. Items 29-35 have been deleted. Every patient who started rehab has an ER form, but not every patient who started rehab went on to randomization.

es.tpt: This is the Exercise ABG Substudy record for the cycle ergometry exercise test. Every patient has an EW form (the main trial record for the cycle ergometry exercise test), regardless of participation in the Exercise ABG Substudy; for those who participated in the Exercise ABG Substudy, the ES form includes the data unique to the Exercise ABG Substudy. If you want all of a patient's exercise test data, you need to use the union of the ES and EW forms (match the records on

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NETT ID number and visit code). Borg scores that did not match the allowed values (0, 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) have been rounded to the nearest value on the scale. Items 11-15 have been deleted.

ew.tpt: All EW forms in EW1 format. If the protocol was not followed for the exercise test, maximum work was considered to be missing. If the patient completed the 5 minute rest phase and the 3 minutes of unloaded pedaling, but could not do any loaded pedaling, maximum work was considered to be 0 watts. The MAXWK variable in the ew.tpt file has been coded according to this algorithm. In April 1998, the ramp rate options for the NETT exercise test were changed from 4 and 8 watts/minute to 5 and 10 watts/minute. Item 10 is coded as: 1=4 watts/min, 2=8 watts/min, 3=5 watts/min, 4=10 watts/min. Borg scores that did not match the allowed values (0, 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) have been rounded to the nearest value on the scale. Specify data in items 13, 15, 18, 19, and 21 have been deleted. Items 7 and 22-26 have been deleted.

ga.tpt: All GA forms in GA1 format. Items 7 and 9-12 have been deleted. Item 7 was deleted since some clinic IRBs did not require additional consent for the extension year.

hb.tpt: All HB forms in HB3 format. Specify data in items 10, 23, 24, 26, 27, 29, 31, 34, 35, and 43 have been deleted. Items 17 and 46-48 have been deleted.

hf.tpt: All HF forms in HF4 format. Specify data in items 9, 29, 32, and 33 have been deleted. Items 34-39 have been deleted. Versions 2 and 3 of the HF form did not include a sign for measured systolic RV pressure (item 26b on version 4 of the HF form).

hi.tpt: All HI forms in HI3 format. Specify data in items 11, 20, 26, 27, 28, 30, 31, 38, and 39 have been deleted. Items 12, 23, 33, 35, and 40-44 have been deleted.

iacparam.tpt: This file includes a few parameters calculated from the raw data in the 12 IAC files. See the PROC CONTENTS listing for the specific parameters provided.

inelig.tpt: This file is a synthesis of the data on EH and ER forms relating to reasons why patients were ineligible for NETT. This file was created by the Coordinating Center based on the EH and ER data and possibly data from other forms and correspondence or conversations with clinic staff about the specific patient. This is the Coordinating Center's best effort to classify why a specific patient was not eligible in NETT. Patients can be ineligible for more than one reason.

ja.tpt: All JA forms in JA1 format. Specify data in item7 were deleted. Items 13-15 were deleted.

lcore.tpt: IAC file relating to digitized CT scans. Core file for the left lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

lhole.tpt: IAC file relating to digitized CT scans. Holes file for the left lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

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lpeel.tpt: IAC file relating to digitized CT scans. Peel file for the left lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

lver2rz.tpt: IAC file relating to digitized CT scans. Ver2 file for the left lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

mm.tpt: All MM forms in MM3 format. In May 1999, the protocol was changed to not require a Day 2 6 minute walk. If the record dates from the period when both Day 1and Day 2 walks were required, the record has variable mm207=1 or mm207=2. If mm207 is blank, the test is from the period when the Day 2 walk was not required. This change in protocol was implemented while patients were in the midst of testing – for example, a patient can have Day 1 and Day 2 walks for visit s1 and just a single walk for visit s2. In general, when working with the pre randomization data, you need to identify a patient's record for each visit and then identify which visit to use and some patients will have one record per visit and some will have two records. In the NEJM papers, when both Day 1 and Day2 walks were available for analysis, we used the longest walk for the visit. Walk distances have been converted to feet. Borg scores that did not match the allowed values (0, 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) have been rounded to the nearest value on the scale. Specify data in items 19 and 21 have been deleted. Items 13 and 22-26 have been deleted.

mo.tpt: All MO forms in MO3 format. Borg scores that did not match the allowed values (0, 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) have been rounded to the nearest value on the scale. Specify data in items 10, 12, 17, 18, 19, 24, and 32 have been deleted. Items 7 and 35-39 have been deleted.

mv.tpt: All MV forms in MV4 format. Note that during the extension year (ie, 2003), the only form required for f12 and f48 was the HI form. Thus, during the extension year, f12 and f48 may be completed or may be missed completely; they cannot be incomplete. During the original contract period (ie, before 31 Dec 2002), MV forms were not required for visits whose window opened in 2002 and closed in 2003. However, visits that were started before 31 Dec 2002 had to be fully accounted for. MV forms were not completed during the second extension of followup (mailed quality of life questionnaires) – we have no information regarding why living patients who did not complete questionnaires did not do so. Specify data in items 8, 9, 11, 12, and 13 were deleted. Items 14-16 were deleted.

pe.tpt: All PE forms in PE2 format. Height and weight have been deleted (items 8-11). Specify data in items 17, 18, 19, 20, 22, 24, 25, 27, 28, 29, and 30 have been deleted. Items 31-35 have been deleted.

pm.tpt: All PM forms in PM3 format. Items 30-34 have been deleted.

pulmfunc.tpt: This file is based on the PF forms. Lung function values on Form PF have been reformatted as numeric data, predicted values have been calculated for FVC, FEV_1, TLC, RV, and D_LCO, and percent of predicted values have been calculated. All D_LCO values are uncorrected for hemoglobin. D_LCO values from all clinics except NJC are uncorrected for altitude; all D_LCO values

from NJC have been corrected for altitude. Predicted values were calculated using the prediction equations of Crapo and Morris:

Crapo RO, Morris AH, Gardner RM: Reference spirometric values using techniques and equipment that meet ATS recommendations. Am Rev Resp Dis 1981;123:659-664.

Crapo RO, Morris AH, Clayton PD, Nixon CR: Lung volumes in healthy nonsmoking adults. Bulleton Europeen de Physiopathologie Resiratoire 1982;18:419-425.

Crapo RO and Morris AH: Standardized single breath normal values for carbon monoxide diffusing capacity. Am Rev Resp Dis 1981;123:185-189.

Predicted values are specified to 2 decimal places except for D_LCO, which is specified to 1 decimal place. Percent of predicted is rounded to the nearest integer. All respiratory mouth pressures have been converted to cmH_2O.

qb.tpt: All QB forms (Beck Depression Inventory) in QB2 format. Items 9-13 have been deleted. Note that the responses to individual items were not keyed.

qe.tpt: All QE forms (Self Evaluation Questionnaire) in QE2 format. Items 8-10 have been deleted. Note that the responses to individual items were not keyed.

qf.tpt: All QF forms (SF- 36) in QF2 format. Individual item responses are provided, as well as the 8 Sherbourne-Hayes subscale scores, the 8 Ware subscale scores, and the Ware PCS and MCS summary scores. Users should realize that the PCS and MCS scores are calculated from Ware subscale scores, not Sherbourne-Hayes subscale scores. Items 7-9 have been deleted. Item 21 was never keyed.

qg.tpt: All QG forms (St George's Respiratory Questionnaire) in QG2 format. Individual item responses are provided, as well as the total score and the symptoms, activities, and impacts subscale scores. Items 7-9 have been deleted. Item 60 was never keyed.

qs.tpt: All QS forms (UCSD Shortness of Breath Questionnaire) in QS2 format. Individual item responses are provided as well as the total score. Items 7-9 have been deleted. Item 34 was never keyed.

qw.tpt: All QW forms in QW2 format. Individual item responses are provided as well as the average daily score. The records in this file correspond 1-1 with actual completed QW forms. If you are doing an analysis where you want to assign dead participants a score of 0, you need to create QW records for these patient-visits. Specify data in item 52 have been deleted. Items 7-9 and 70 have been deleted. Item 10 was never keyed.

rc.tpt: All RC forms in RC2 format. Other specify data in item 11 have been deleted. Items 12-17 have been deleted. The baseline record includes a variable HETEROBL which corresponds to the heterogeneous/non heterogeneous (homogeneous) characterization used in the high risk subgroup paper (NEJM 2001;345:1075-83) and a variable UPLOBBL which corresponds to the upper lobe predominant/non upper lobe predominant characterization used in the primary outcome paper (NEJM 2003;348:2059-73). Heterogeneity was assessed from the CT scan zone scores provided by the radiologist on the RC form. A patient was considered to have heterogeneous emphysema if the

maximum difference in zone scores for either the right or left side was at least 2. All other score combinations were considered non heterogenous (homogeneous is the term used in the paper). The upper lobe characterization was a qualitative characterization of the cranio-caudal distribution of emphysema by the radiologist recorded on the RC form. Any characterization other than upper lobe predominant was considered non upper lobe. There are more records in rc.tpt than there are CT scans in the IAC files. Not every non randomized patient had RC keyed and not every scan that was taken for a randomized patient was transmitted to the IAC and some transmitted scans were not analyzable by the IAC.

rcore.tpt: IAC file relating to digitized CT scans. Core file for the right lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

resid.tpt: Residence over time data compiled from EB, HI, and AT forms and coded to the categories used in the NEJM primary outcome paper (private home, nursing home or rehab facility, or acute care hospital).

rhole.tpt: IAC file relating to digitized CT scans. Holes file for the right lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

rp.tpt: All RP forms in RP2 format. Items 9-13 have been deleted. Perfusion ratio (prat) is calculated as the ratio of the sum of the % perfusion in the upper zones of both lungs to the sum of the % perfusion in the middle and lower zones of both lungs ((rp208al+rp208ar)/(rp208bl+rp208br+rp208cl+rp208cr)). Note that the 6 percent perfusion values had to sum to 100%. All prat values were rounded to the nearest hundredth (x.xx).

rpeel.tpt: IAC file relating to digitized CT scans. Peel file for the right lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

rr.tpt: All RR forms in RR2 format. Specify data in item 8 have been deleted. Items 9-13 have been deleted.

rver2.tpt: IAC file relating to digitized CT scans. Ver2 file for the right lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

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Specific Comments on Database (cont'd)

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subnejm.tpt: One record per randomized patient indicating status with respect to the high risk subgroup and the 4 subgroups of non high risk patients discussed in the NETT primary outcome paper.

substudy.tpt: One record per randomized patient participating in at least one of the 3 substudies. Indicates participation status in the ABG Exercise Substudy, Cardiovascular Substudy, and Lung Mechanics Substudy.

tmto.tpt: All TM forms in TM1 format and all TO forms in TM1 format. TO forms have been combined with the TM forms (the TO variables have been mapped to the corresponding TM variables). The original form is evident by the value of the form variable. Also, TM209 and TM210 are missing if the original form was TO. The TM form was used for visits s1, f24, and f48 while the TO form was used for visits f12, f36, and f60. Specify data in item 10 have been deleted. Items 11-15 have been deleted.

ue_admit.tpt: Includes a record for each known admission of a patient to a medical institution other than an acute care hospital reported on Form UE (ie, yes to item 35 on Form UE). Record is composed of items 7 and 37-39 on form UE.

ue_exreh.tpt: Includes a record for each prescription of extra rehab for a patient (patients may have more than one record; ie, yes to item 19 on Form UE). Record is composed of items 7 and 20, 22, 25, 27, 30, and 32 on form UE.

ue_lvr14.tpt: Includes a record for each patient assigned to LVRS who had LVRS more than 14 days after randomization (ie, yes to item 13 on Form UE). Record is composed of items 14-16 on form UE (but specify information from items 15 and 16 have been deleted).

ue_nnett.tpt: Includes a record for each patient known to have received LVRS outside of NETT (ie, yes to item 40 on Form UE). Record is composed of items 41-45 on form UE (with specify information from item 41 deleted).

ue_noreh.tpt: Includes a record for each randomized patient who did not complete any rehab sessions after randomization (ie, no to item 17 on Form UE). Record is composed of NEWNETT only.

ue_ref.tpt: Includes a record for each patient randomized to LVRS who refused LVRS after randomization or who was refused LVRS after randomization (ie, yes to item 9 or 11 on Form UE). Record is composed of items 9-10 on form UE (with specify information from item 10 deleted) .

ue_trns.tpt: Includes a record for each patient known to have received a lung transplant during NETT followup (ie, yes to item 47 on Form UE). Record is composed of items 48 and 49 on form UE.

valids.tpt: ID, demographic, and treatment assignment information are included in this file. Note that MEDID=1 corresponds to assignment to medical treatment, MEDID=2 corresponds to assignment to median sternotomy, and MEDID=3 corresponds to assignment to VATS. The ethnicity variable included in this file has been recoded to w (Caucasian) or o (other). Vital status is included in this file (vitstat =1 if dead, blank=alive).

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Specific Comments on Database (cont'd)

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vc.tpt: If you wish to match the vc.tpt records to data from another file, match on ID number and visit code. Another caution: the data entry program for form VC accepted whatever was keyed for item 19 (mean pulmonary arterial end expiratory pressure) and item 20 (mean pulmonary arterial end inspiratory pressure) since some clinics recorded the calculated value and some clinics recorded the readout from the "mean" switch. To be consistent, calculate item 19 as (item 15+(2 x item 17))/3 and item 20 as (item 16+(2 x item 18))/3.

wcore.tpt: IAC file relating to digitized CT scans. Core file for the whole lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

whole.tpt: IAC file relating to digitized CT scans. Holes file for the whole lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

wpeel.tpt: IAC file relating to digitized CT scans. Peel file for the whole lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

wver2.tpt: IAC file relating to digitized CT scans. Ver2 file for the whole lung. If you match this file to the rc.tpt file (on ID number and visit code), be aware that non randomized patients may not have an RC form keyed and that CT scans were not sent to the IAC for every RC form keyed for each randomized patient (ie, this file will not be in 1-1 correspondence with the RC file and the discrepancies may be of two kinds).

xp.tpt: All XP forms in XP3 format. The questions about air leak on the original version of XP (XP2) were constructed so that duration of air leak in the 30 day post operative period was recorded only if there was an air leak and this information was not specific for right or left side. Data from XP2 have been mapped to the XP3 questions as best as possible, but the mapping did not allow much use of data from XP2. Using the XP3 questions about airleak (items 9-14) will exclude many patients who had XP2 completed from the analysis. Two new variables were created to help deal with this problem: (1) ALDURE or maximum days with air leak on either side and (2) ALDYNE or air leak, yes/no, in the 30 day post operative period. Specify data from items 11, 14, 29, and 32 have been deleted. Items 36 and 37 and 42-46 have been deleted.

xs.tpt: All XS forms in XS3 format. Version 2 of the XS form (form=xs2) did not ask about number of VATS incisions and length of longest VATS incision by side; instead this version asked about total number of incisions and length of the longest incision. So as not to lose all information about number of incisions and length of the longest incision from these forms, two new variables were created: TOTNINC (total number of incisions, ie, number of incisions on the Right side + number of incisions on the Left side) and MAXINCL (length of the longest incision on either the Right or Left side). Similarly, version 2 of the XS form did not ask about air leak at closure by side, but asked this for both sides pooled, using the same grading scheme as used on XS3 in item 28. Therefore,

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Specific Comments on Database (cont'd)

AIRLKCLE was created; AIRLKCLE is the maximum airleak code for either side; the codes have been converted from character to numeric. Specify data from items 8, 11, 15, 19, 20, 21, 22, 24, 25, 31, 34, and 41 have been deleted. Items 42 and 48-53 have been deleted.

xz.tpt: All XZ forms in XZ2 format. Specify data from items 10 and 12 have been deleted. Items 14-18 have been deleted.

IAC Scan Analysis Variables

For each of the 58 variables listed in the table below we will be generating parameters for the Whole lung (W), Right lung (R), Left lung (L), Right Upper (RU), Right Middle (RM), Right Lower (RL), Left Upper (LU), Left Middle (LM), and Left Lower (LL) lung sections. The lung sector prefixes will precede each of the 47 different Variable names to yield a total of 423 parameters (9x47) for each patient. (I.e. “RUairV”, “WRb920” etc.)

VarID	Variable	VarFullName	Description
1	HistoID		
2	H*CreateTS	Histogram Created	Date and Time the histogram program was ran
3	ptid	NETT ID + Scan Date	Unique identifier for each scan processed.
4	NETTID	NETT ID	
5	ScanDateU	Scan Date	
6	SliceThickness	Slice Thickness	
7	Intercept	Value given in dicom header	This value is used to convert a voxel value into houndsfield units.
8	VxSize	Voxel Size	
9	EntityVer	Module version	The histogram program version number used to create the data.
10	TotVx	Total pixels	Total number of voxels within a region.
11	be960	Below -960	Number of voxels below -960 houndsfield units within a region.
12	be950	Below -950	Number of voxels below -950 houndsfield units within a region.
13	be940	Below -940	Number of voxels below -940 houndsfield units within a region.
14	be930	Below -930	Number of voxels below -930 houndsfield units within a region.
15	be920	Below -920	Number of voxels below -920 houndsfield units within a region.
16	be910	Below -910	Number of voxels below -910 houndsfield units within a region.
17	be900	Below -900	Number of voxels below -900 houndsfield units within a region.
18	be890	Below -890	Number of voxels below -890 houndsfield units within a region.
19	be870	Below –870	Number of voxels below –870 houndsfield units within a region.
20	be850	Below -850	Number of voxels below –850 houndsfield units within a region.
21	be830	Below -830	Number of voxels below –830 houndsfield units within a region.
22	be810	Below –810	Number of voxels below –810 houndsfield units within a region.
23	be660	Below –660	Number of voxels below –660 houndsfield units within a region.
24	be640	Below –640	Number of voxels below –640 houndsfield units within a region.
25	be620	Below –620	Number of voxels below –620 houndsfield units within a region.
26	be600	Below -600	Number of voxels below –600 houndsfield units within a region.
27	ae50	Above -50	Number of voxels above -50 houndsfield units within a region.
28	ae100	Above -100	Number of voxels above -100 houndsfield units within a region.
29	ae150	Above -150	Number of voxels above -150 houndsfield units within a region.
30	ae200	Above -200	Number of voxels above -200 houndsfield units within a region.
31	ae250	Above -250	Number of voxels above -250 houndsfield units within a region.
32	mean	Mean	Mean
33	med	Median	Median
34	sd	Standard Deviation	Standard Deviation
35	skew	Skewness	Skewness
36	kurt	Kurtosis	Kurtosis
37	fwhm	Full-width Half-max	The difference between the values of points at which the height of the histogram is half the maximum height
38	airV	Air Volume	Volune of Region that is Air (in milliliters)
39	tisV	Tissue Volume	Volume of Region that is Tissue and Blood (not Air) (in milliliters)
40	totV	Total Volume	Total Volume of Region (in cubic milliliters)

41	knee	Knee	**For Knee and Ankle Variables see text below
42	kSlp	Knee Slope	
43	kInt	Knee Intercept	
44	ankl	Ankle	
45	aSlp	Ankle Slope	
46	aInt	Ankle Intercept	
47	cCutoff	Default is -910	Users puts in value for calculating the cut off range for the emphysema measurement.
48	cVm	Mean of Centroid Vectors	Mean distance of emphysematous voxels from centroid of volume of lung being evaluated
49	cVsd	Standard Deviation of Centroid Vectors	St Dev of distance of emphysematous voxels from centroid of volume of lung being evaluated
50	cVXm	Mean of X-component of Centroid	Mean distance of emphysematous voxels from centroid of volume of lung being evaluated (X dimension: + = left, - = right)
51	cVXsd	StDev of X-component of Centroid	St Dev of distance of emphysematous voxels from centroid of volume of lung being evaluated (X dimension)
52	cVYm	Mean of Y-component of Centroid	Mean distance of emphysematous voxels from centroid of volume of lung being evaluated (Y dimension: + = ventral, - = dorsal)
53	cVYsd	StDev of Y-component of Centroid	St Dev of distance of emphysematous voxels from centroid of volume of lung being evaluated (Y dimension)
54	cVZm	Mean of Z-component of Centroid	Mean distance of emphysematous voxels from centroid of volume of lung being evaluated (Z dimension: + = apical, - = basal)
55	cVZsd	StDev of Z-component of Centroid	St Dev of distance of emphysematous voxels from centroid of volume of lung being evaluated (Z dimension)
56	HU10	Houndsfield Units at 10%	Hu value below which 10% of the voxels fall
57	HU15	Houndsfield Units at 15%	Hu value below which 15% of the voxels fall
58	HU20	Houndsfield Units at 20%	Hu value below which 20% of the voxels fall
59	NomAir	Nominal Air	The nominal air value in a CT scan. Only in Whole lung tables.
60	ActAir	Actual Air	The actual air value in the CT scan. Only in Whole lung tables.
61	NomBT	Nominal Blood	The nominal blood tissue value in a CT scan. Only in Whole lung tables.
62	ActBT	Actual Blood	The actual blood tissue value in the CT scan. Only in Whole lung tables.

****Definitions of "Knee" and "Ankle" Variables**

The points of inflection of the cumulative histogram of pixel densities would be the two points for which the histogram would be at it highest positive slope and steepest negative slope (second derivative equal to zero). The highest positive slope is the ankle and the highest negative slope is the knee.

1. If we take all the cumulative histogram values below the ankle and keep only the middle third of these values: the "slope of ankle" is the slope of a line fitted to these middle points; and the "intercept of ankle" is the intercept of the line fitted to these middle points.

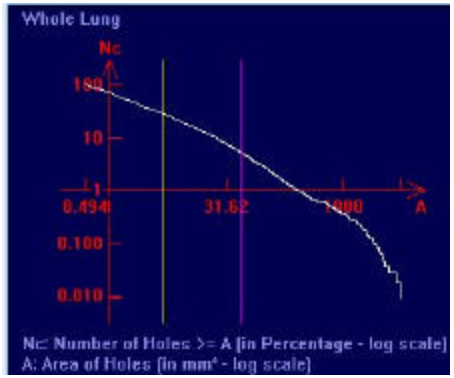
2. If we take the values that lie between the two points of inflection (ankle and knee) and throw out the highest and lowest thirds: The "slope of the knee" is the line fitted to these middle points, and the "intercept of the knee" is the intercept of the line fitted to these middle points.

The Holes tables:

For each of the 27 variables listed in the table below we will be generating parameters for the Whole lung (W), Right lung (R), Left lung (L), Right Upper (RU), Right Middle (RM), Right Lower (RL), Left Upper (LU), Left Middle (LM), and Left Lower (LL) lung sections. The lung sector prefixes will precede each of the 18 different Variable names to yield a total of 72 parameters (4x18) for each patient. (I.e. "RUCutoff_1", "LLCutoff_1" etc.)

VarID	Variable	VarFullName	Description
1	HoleID		
2	HWCreateTS	Hole Created	Date and Time the hole program was ran
3	ptid	The NETT ID + Scan Date	Unique identifier for each scan processed.
4	NETTID	NETT ID	
5	ScanDateU	Scan Date	
6	SliceThickness	Slice Thickness	
7	Intercept	Value given in dicom header	This value is used to convert a voxel value into houndsfield units.
8	VxSize	Voxel Size	
9	EntityVer	Module version	The hole program version number used to create the data.
10	Cutoff_1	-950 HU	Voxel value below –950 used to determine the hole (the area of emphysema).
11	Alpha_1	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
12	C1_1	Y Intercept	
13	Cutoff_2	-930 HU	Voxel value below –930 used to determine the hole (the area of emphysema).
14	Alpha_2	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
15	C1_2	Y Intercept	
16	Cutoff_3	-910 HU	Voxel value below –910 used to determine the hole (the area of emphysema).
17	Alpha_3	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
18	C1_3	Y Intercept	
19	Cutoff_4	-890 HU	Voxel value below –890 used to determine the hole (the area of emphysema).
20	Alpha_4	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
21	C1_4	Y Intercept	
22	Cutoff_5	-870 HU	Voxel value below –870 used to determine the hole (the area of emphysema).
23	Alpha_5	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
24	C1_5	Y Intercept	
25	Cutoff_6	-850 HU	Voxel value below –850 used to determine the hole (the area of emphysema).
26	Alpha_6	Slope	The x axis is the log of the hole size and the y axis is the log of the percentage of the # of holes > & = to hole size.
27	C1_6	Y Intercept	

For the graph of the hole measurements we use the equation $\log N = -\text{alpha}(\log a) + C1$, where N is defined as the percentage number of holes. C1 is the y intercept on the graph and alpha is the slope of the graph.


Whole Lung
Nc
100
10
1
0.494
31.62
1000
A
0.100
0.010
Nc: Number of Holes >= A (in Percentage - log scale)
A: Area of Holes (in mm² - log scale)

Visit/Phase, Form, Procedure Schedule: All Visits

Visit/ Phase	Form abbr	Form title	Procedures to be done (at NETT clinic)
Eligibility check prior to NETT testing			
s1	EB	Brief Screen for Eligibility	Interview; complete before initiating any NETT testing
Screening and pre rehab assessments			
s1	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, A1AT, cotinine, urinanalysis
	HB	Baseline History	Interview
	PF(PW)	Pulmonary Function Summary	Spiro, lung vols, D_LCO, PI_{max}/PE_{max}, resting ABG, MVV
	RC	CT Scan Report	CT scan evaluation
	RR	Chest Radiograph Summary	Chest X-ray evaluation
	HF	Heart Function Summary	Resting EKG, echo, dobutamine-radionuclide cardiac scan, right heart cath and/or cardiologist consult if needed, timing of cath and consult at clinic discretion so long as done pre-randomization
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	ES	Exercise substudy	Only if in substudy
	PM	Mechanics substudy	Only if in substudy
	VC	Cardiovascular substudy	Only if in substudy
Rehab Eval forms			
s1	QB	Beck Depression Inventory	Questionnaire
	QE	Self-Evaluation Questionnaire	Questionnaire
	TM	Trail Making Test	Test
Pre-rehab repeat assessments (repeat any done > 42 days previous to start of Core Rehab)			
s2	PE	Physical Examination	Physical exam
	HI	Interim History	Interview
	PF(PW)	Pulmonary Function Summary	Spiro, lung vols, D_LCO, PI_{max}/PE_{max}, resting ABG, MVV
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	ES	Exercise substudy	Only if in substudy
Eligibility check			
s2	EH/SH	Pre Rehab Elig Check	--

Visit/Phase, Form, Procedure Schedule: All Visits (cont'd)

Visit/ Phase	Form abbr	Form title	Procedures to be done (at NETT clinic)
Post-rehab assessments			
s3	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Cotinine for non nicotine users
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	AA	Core and Cont Rehab Summary	Summary of Core and Cont Rehab participation
	ES	Exercise substudy	Only if in substudy
Post rehab repeat assessments (repeat any done more than 21 days prior to randomization)			
rz	PE	Physical Examination	Physical exam
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	ES	Exercise substudy	Only if in substudy
Measurements done for randomization			
rz	RP	Perfusion Scan	Perfusion scan
Randomization			
rz	ER/SZ	Final Eligibility Review	None
	XZ	Documentation of Randomization	Randomization
	XS	Surgery Summary Report	Summarize events of surgery day
	XP	Post-Operative Summary Report	Summarize 30 day events
	AB	Post Randomizaton Rehab Summ.	Summarize attendance in 8 wks post RZ rehab
Followup (note that telephone visits were not done during 2003)			
f01	AT	Reg Sched Telephone Contact	Interview
f02	AT	Reg Sched Telephone Contact	Interview
f04	AT	Reg Sched Telephone Contact	Interview

Visit/Phase, Form, Procedure Schedule: All Visits (cont'd)

Visit/ Phase	Form abbr	Form title	Procedures to be done (at NETT clinic)
f06	PE	Physical Examination	Physical exam
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	RC	CT Scan Report	CT scan
	RR	Chest Radiograph Summary	Chest x-ray
	HF	Heart Function Summary	Echocardiogram
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	ES	Exercise substudy	Only if in substudy
	VC	Cardiovascular substudy	Only if in substudy
f08	AT	Reg Sched Telephone Contact	Interview
f10	AT	Reg Sched Telephone Contact	Interview
f12	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, urinanalysis
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, D_LCO, PI_{max}/PE_{max}, resting ABG, MVV
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	TO	Alternate Trail Making Test	Test
	ES	Exercise substudy	Only if in substudy
	HI only during 2003		
f15	AT	Reg Sched Telephone Contact	Interview
f18	AT	Reg Sched Telephone Contact	Interview
f21	AT	Reg Sched Telephone Contact	Interview

Visit/Phase, Form, Procedure Schedule: All Visits (cont'd)

Visit/ Phase	Form abbr	Form title	Procedures to be done (at NETT clinic)
f24	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, urinanalysis
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	MO	Oxygen Titration	Resting and walking oxygen titrations
	MM	6 Minute Walk Test	6 minute walk
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	TM	Trail Making Test	Test
	ES	Exercise substudy	Only if in substudy
f27	AT	Reg Sched Telephone Contact	Interview
f30	AT	Reg Sched Telephone Contact	Interview
f33	AT	Reg Sched Telephone Contact	Interview
f36	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, urinanalysis
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	RC	CT Scan Report	CT scan
	RR	Chest Radiograph Summary	Chest x-ray
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	TO	Alternate Trail Making Test	Test
	ES	Exercise substudy	Only if in substudy
f39	AT	Reg Sched Telephone Contact	Interview
f42	AT	Reg Sched Telephone Contact	Interview
f45	AT	Reg Sched Telephone Contact	Interview

Visit/Phase, Form, Procedure Schedule: All Visits (cont'd)

Visit/ Phase	Form abbr	Form title	Procedures to be done (at NETT clinic)
f48	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, urinanalysis
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	TM	Trail Making Test	Test
	ES	Exercise substudy	Only if in substudy
	PM	Mechanics substudy	Only if in substudy
	HI only during 2003		
f51	AT	Reg Sched Telephone Contact	Interview
f54	AT	Reg Sched Telephone Contact	Interview
f57	AT	Reg Sched Telephone Contact	Interview
f60	PE	Physical Examination	Physical exam
	BU	Blood and Urine Analyses	Hematology, serum chem, urinanalysis
	HI	Interim History	Interview
	PF/PW	Pulmonary Function Summary	Spiro, lung vols, PI_{max}/PE_{max}, resting ABG, MVV
	EW	Exercise Test	Maximum exercise test
	QF	MOS SF-36	Questionnaire
	QG	St George's Respiratory Quest.	Questionnaire
	QS	Shortness-of-Breath Quest.	Questionnaire
	QW	Quality of Well-Being Scale	Questionnaire
	TO	Alternate Trail Making Test	Test
	ES	Exercise substudy	Only if in substudy

Note: Forms SH, SZ, and PW were worksheets and were not keyed forms.

NETT Publications (as of May 2006)

1. **National Emphysema Treatment Trial Research Group**: Rationale and design of the National Emphysema Treatment Trial (NETT): A prospective randomized trial of lung volume reduction surgery. J Thorac Cardiovasc Surg, 118:518-28, **1999**.

   National Emphysema Treatment Trial Research Group: Rationale and design of the National Emphysema Treatment Trial (NETT): A prospective randomized trial of lung volume reduction surgery. Chest, 116:1750-61, **1999**.

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2. **Ramsey S, Sullivan S, Kaplan R, Wood D, Chiang Y, Wagner J, for the NETT Research Group**: Economic analysis of lung volume reduction surgery as part of the National Emphysema Treatment Trial. Ann Thorac Surg; 71: 995-1002, **2001**.

3. **National Emphysema Treatment Trial Research Group**: Patients at high risk of death after lung volume reduction surgery. N Engl J Med; 345:1075-83, **2001**.

4. **Fishman A, Naunheim K, Piantadosi S**: Letter to the Editor, Surgery for Emphysema. N Engl J Med; 346: 861-2, **2002**.

5. **Scharf SM, Iqbal M, Keller C, Criner G, Lee S, Fessler HE:** Hemodynamic characterization of patients with severe emphysema. Am J Respir Crit Med; 166:314-322, **2002**.

6. **Mohsenifar Z, Lee SM, Diaz P, Criner G, Sciurba F, Ginsburg M, Wise RA**: Single-breath diffusing capacity of the lung for carbon monoxide: A predictor of PAO2, maximum work rate, and walking distance in patients with emphysema. Chest; 123: 1394-1400, **2003**.

7. **National Emphysema Treatment Trial Research Group**: A randomized trial comparing lung-volume-reduction surgery with medical therapy for severe emphysema. N Engl J Med; 348: 2059-73, **2003**.

8. **National Emphysema Treatment Trial Research Group**: Cost effectiveness of lung-volume-reduction surgery for patients with severe emphysema. N Engl J Med; 348: 2092-2102, **2003**.

9. **Sciurba F, Criner GJ, Lee SM, Mohsenifar Z, Shade D, Slivka W, Wise RA**: Six-minute walk distance in chronic obstructive pulmonary disease: Reproducibility and effect of walking course layout and length. Am J Respir Crit Care Med; 167: 1522-27, **2003**.

10. **Cohen RI, Marzouk K, Berkoski P, O'Donnell CP, Polotsky VY, Scharf SM:** Body composition and resting energy expenditure in clinically stable, non-weight-losing patients with severe emphysema. Chest; 124: 1365-1372, **2003**.

NETT Publications (as of May 2006) - cont'd

11. **National Emphysema Treatment Trial Research Group:** Safety and efficacy of median sternotomy versus video-assisted thoracic surgery for lung volume reduction surgery. J Thorac Cardiovasc Surg; 127: 1350-60, **2004**.

12. **Lee SM, Wise R, Sternberg AL, Tonascia J, and Piantadosi S, for the National Emphysema Treatment Trial Research Group:** Methodologic issues in terminating enrollment of a subgroup of patients in a multicenter randomized trial. Clinical Trials; 1: 326-338, **2004**.

13. **Hogg JC, Chu F, Utokaparch S, Woods R, Elliott WM, Buzatu L, Cherniack RM, Rogers RM, Sciurba FC, Coxson HO, Paré PD:** The nature of small-airway obstruction in chronic obstructive pulmonary disease. N Engl J Med; 350: 2645-2653, **2004**.

14. **Kaplan RM, Ries AL, Reilly J, Mohsenifar Z, for the National Emphysema Treatment Trial Research Group.** Measurement of health-related quality of life in the National Emphysema Treatment Trial. Chest; 126: 781-789, **2004**.

15. **Hersh CP, DeMeo DL, Lange C, Litonjua AA, Reilly JJ, Kwiatkowski D, Laird N, Sylvia JS, Sparrow D, Speizer FE, Weiss ST, Silverman EK.** Attempted replication of reported chronic obstructive pulmonary disease candidate gene associations. Am J Respir Cell Mol Biol; 33:71-78, **2005**.

16. **Kelleher CM, Silverman EK, BroekelmannT, Litonjua AA, Hernandez M, Sylvia JS, Stoler J, Reilly JJ, Chapman HA, Speizer FE, Weiss ST, Mecham RP, Raby BA**: A functional mutation in the terminal exon of elastin in severe, early-onset chronic obstructive pulmonary disease. Am J Respir Cell Mol Biol; 33:355-362, **2005**.

17. **Kozora E, Emery CF, Ellison MC, Wamboldt F, Diaz PT and Make B.** Improved neurobehavioral functioning in emphysema patients following lung volume reduction surgery compared to medical therapy. Chest;128:2653-2663, **2005**.

18. **Krachman SL, Chatila W, Martin UJ, Nugent T, Crocetti J, Gaughan J, Criner GJ for the National Emphysema Treatment Trial Research Group**. Effects of lung volume reduction surgery on sleep quality and nocturnal gas exchange in patients with severe emphysema. Chest; 128:3221-3228, **2005**.

19. **Ries RL, Make BJ, Lee SM, Krasna MJ, Bartels M, Crouch R, Fishman AP for the National Emphysema Treatment Trial Research Group.** The effects of pulmonary rehabilitation in the National Emphysema Treatment Trial. Chest;128:3799-3809, **2005**.

20. **Naunheim KS, Wood DE, Krasna MJ, DeCamp MM, Ginsburg ME, McKenna Jr RJ, Criner GJ, Hoffman EA, Sternberg AL, Deschamps C for the National Emphysema Treatment Trial Research Group.** Predictors of operative mortality and cardiopulmonary morbidity in the National Emphysema Treatment Trial. J Thorac Cardiovasc Surg;131:43-53, **2006**.

NETT Publications (as of May 2006) - cont'd

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21. **DeMeo DL, Mariani TJ, Lange C, Srisuma S, Litonjua AA, Celedon JC, Lake SL, Reilly JJ, Chapman HA, Mecham BH, Haley KJ, Sylvia JS, Sparrow D, Spira AE, Beane J, Pinto-Plata V, Speizer FE, Shapiro SD, Weiss ST, Silverman EK.** The SERPINE2 gene is associated with chronic obstructive pulmonary disease. Am J Human Genet;78:253-264, **2006**.

22. **Hersh CP, DeMeo DL, Lazarus R, Celedon JC, Raby BA, Benditt JO, Criner G, Make B, Martinez FJ, Scanlon PE, Sciurba FC, Utz JP, Reilly JJ, Silverman EK.** Genetic association analysis of functional impairment in chronic obstructive pulmonary disease. Am J Respir Crit Care Med;173:977-984, **2006**.

23. **Herpel LB, Kanner RE, Lee SM, Fessler HE, Sciurba FC, Connett JR, Wise RA for the Lung Health Study Research Group and the National Emphysema Treatment Trial Research Group.** Variability of spirometry in chronic obstructive pulmonary disease: Results from two clinical trials. Am J Respir Crit Care Med;173:1106-1113, **2006**.

24. **DeCamp MM et al for the National Emphysema Treatment Trial Research Group.** Patient and surgical factors influencing air leak. Annals of Thoracic Surgery (in press)

25. **Naunheim K et al for the National Emphysema Treatment Trial Research Group.** Long-term follow-up of patients receiving LVRS versus medical therapy for severe emphysema. Annals of Thoracic Surgery (in press)

26. **Chatila Wet al for the National Emphysema Treatment Trial Research Group.** Advanced emphysema in African Americans compared with Caucasians: Do differences exist? Chest (in press)

27. **Martinez FJ et al for the National Emphysema Treatment Trial Research Group.** Predictors of mortality in severe emphysema. Am J Respir Crit Care Med (in press)

AA - Form AA Core and Continued Rehabilitation Summary (rev 3)

Date file created: 12 May 2006
Observations: 1439
Variables: 90

Variable Name	Variable Label	Type	Variable Length	Format
aa309	9 Was satellite used for any sessions?	Char	1	
aa311	#11 cnvrtd to #days from RZ/scr strt	Num	8	
aa313	13 Number of days from item 12a to 12b	Char	2	
aa314	14 Count in item 13 is 40-70?	Char	1	
aa315	#15 cnvrtd to #days from RZ/scr strt	Num	8	
aa320	#20 cnvrtd to #days from RZ/scr strt	Num	8	
aa321	#21 cnvrtd to #days from RZ/scr strt	Num	8	
aa322	#22 cnvrtd to #days from RZ/scr strt	Num	8	
aa323	#23 cnvrtd to #days from RZ/scr strt	Num	8	
aa324	#24 cnvrtd to #days from RZ/scr strt	Num	8	
aa328	#28 cnvrtd to #days from RZ/scr strt	Num	8	
aa329	29 Reason to declare patient ineligible	Char	1	
aa307a	7a Number of sessions at NETT clinic	Char	2	
aa307b	7b Number of sessions at satellite cent	Char	2	
aa308a	8a Number of sessions led by NETT staff	Char	2	
aa308b	8b Number of sessions led by satellite	Char	2	
aa312a	#12a cnvrtd to #days from RZ/scr strt	Num	8	
aa312b	#12b cnvrtd to #days from RZ/scr strt	Num	8	
aa316a	#16a cnvrtd to #days from RZ/scr strt	Num	8	
aa316b	#16b cnvrtd to #days from RZ/scr strt	Num	8	
aa316c	#16c cnvrtd to #days from RZ/scr strt	Num	8	
aa316d	#16d cnvrtd to #days from RZ/scr strt	Num	8	
aa317a	#17a cnvrtd to #days from RZ/scr strt	Num	8	
aa317b	#17b cnvrtd to #days from RZ/scr strt	Num	8	
aa317c	#17c cnvrtd to #days from RZ/scr strt	Num	8	
aa317d	#17d cnvrtd to #days from RZ/scr strt	Num	8	
aa318a	#18a cnvrtd to #days from RZ/scr strt	Num	8	
aa318b	#18b cnvrtd to #days from RZ/scr strt	Num	8	
aa318c	#18c cnvrtd to #days from RZ/scr strt	Num	8	
aa318d	#18d cnvrtd to #days from RZ/scr strt	Num	8	
aa319a	#19a cnvrtd to #days from RZ/scr strt	Num	8	
aa319b	#19b cnvrtd to #days from RZ/scr strt	Num	8	
aa319c	#19c cnvrtd to #days from RZ/scr strt	Num	8	
aa319d	#19d cnvrtd to #days from RZ/scr strt	Num	8	
aa325a	25a Number of exercise sessions complete	Char	2	
aa325b	25b At least 12 exercise sessions comple	Char	1	
aa325c	#25c cnvrtd to #days from RZ/scr strt	Num	8	
aa325d	#25d cnvrtd to #days from RZ/scr strt	Num	8	
aa325e	#25e cnvrtd to #days from RZ/scr strt	Num	8	
aa325f	#25f cnvrtd to #days from RZ/scr strt	Num	8	
aa325g	#25g cnvrtd to #days from RZ/scr strt	Num	8	
aa325h	#25h cnvrtd to #days from RZ/scr strt	Num	8	
aa325i	#25i cnvrtd to #days from RZ/scr strt	Num	8	
aa325j	#25j cnvrtd to #days from RZ/scr strt	Num	8	
aa325k	#25k cnvrtd to #days from RZ/scr strt	Num	8	
aa325l	#25l cnvrtd to #days from RZ/scr strt	Num	8	
aa325m	#25m cnvrtd to #days from RZ/scr strt	Num	8	
aa325n	#25n cnvrtd to #days from RZ/scr strt	Num	8	
aa325o	#25o cnvrtd to #days from RZ/scr strt	Num	8	
aa325p	#25p cnvrtd to #days from RZ/scr strt	Num	8	
aa325q	#25q cnvrtd to #days from RZ/scr strt	Num	8	
aa325r	#25r cnvrtd to #days from RZ/scr strt	Num	8	
aa326a	26a Number of pyschosocial sessions done	Char	2	
aa326b	26b At least 12 pyschosocial sessions do	Char	1	
aa326c	#26c cnvrtd to #days from RZ/scr strt	Num	8	
aa326d	#26d cnvrtd to #days from RZ/scr strt	Num	8	
aa326e	#26e cnvrtd to #days from RZ/scr strt	Num	8	
aa326f	#26f cnvrtd to #days from RZ/scr strt	Num	8	

AA - Form AA Core and Continued Rehabilitation Summary (rev 3)

Date file created: 12 May 2006
Observations: 1439
Variables: 90

Variable Name	Variable Label	Type	Variable Length	Format
aa326g	#26g cnvrtd to #days from RZ/scr strt	Num	8	
aa326h	#26h cnvrtd to #days from RZ/scr strt	Num	8	
aa326i	#26i cnvrtd to #days from RZ/scr strt	Num	8	
aa326j	#26j cnvrtd to #days from RZ/scr strt	Num	8	
aa326k	#26k cnvrtd to #days from RZ/scr strt	Num	8	
aa326l	#26l cnvrtd to #days from RZ/scr strt	Num	8	
aa326m	#26m cnvrtd to #days from RZ/scr strt	Num	8	
aa326n	#26n cnvrtd to #days from RZ/scr strt	Num	8	
aa326o	#26o cnvrtd to #days from RZ/scr strt	Num	8	
aa326p	#26p cnvrtd to #days from RZ/scr strt	Num	8	
aa326q	#26q cnvrtd to #days from RZ/scr strt	Num	8	
aa326r	#26r cnvrtd to #days from RZ/scr strt	Num	8	
aa327a	27a Emphysema education	Char	1	
aa327b	27b Medications education	Char	1	
aa327c	27c Collaborative self-management educat	Char	1	
aa327d	27d Oxygen therapy education	Char	1	
aa327e	27e Breathing training	Char	1	
aa327f	27f Secretion clearance and management	Char	1	
aa327g	27g Stress management	Char	1	
aa327h	27h Nutrition education	Char	1	
aa327i	27i Travel and environmental issues	Char	1	
aa327j	27j Sexuality and COPD	Char	1	
aa327k	27k Energy conservation and ADL	Char	1	
aa327l	27l Advanced directives	Char	1	
aa327m	27m 1st other topic	Char	1	
aa327n	27n 2nd other topic	Char	1	
aa327o	27o 3rd other topic	Char	1	
aa327p	27p 4th other topic	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days from RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Core and Continued Rehabilitation Summary

( ) keyed **32**

Purpose: Record summary information related to patient's participation in the NETT pulmonary rehabilitation program from Core Rehabilitation through Continued Rehabilitation.

When: Visit s3.

Administered by: Rehabilitation Coordinator and Clinic Coordinator.

Respondent: None.

Instructions: Transcribe information from logs of the patient's attendance at education, counseling, and supervised exercise sessions; these logs should be kept by the clinic and any Rehabilitation Satellite Center which the patient attends for Core or Continued Rehabilitation.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date form initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: s 3 ____

6. Form & revision: a a 3

B. General information about Core Rehab and Cont Rehab

7. Exercise session attendance in Core Rehab and Cont Rehab combined

a. How many exercise sessions led by NETT clinic rehabilitation staff did the patient attend *(these sessions may have been done at the NETT clinic or may have been led by NETT clinic staff at a satellite):*

____ ____
sessions

b. How many exercise sessions led by satellite staff did the patient attend:

____ ____
sessions

8. Education, counseling, and nutrition session attendance in Core Rehab and Cont Rehab combined

a. How many education, counseling, and nutrition sessions led by NETT clinic rehabilitation staff did the patient attend *(these sessions may have been done at the NETT clinic or may have been led by NETT clinic staff at a satellite):*

____ ____
sessions

b. How many education, counseling, and nutrition sessions led by satellite staff did the patient attend:

____ ____
sessions

9. Was a satellite or other NETT clinic used for any Cont Rehab sessions:

( ) Yes (1) ( ) No (2) → **12.**

10. Name of satellite center as specified on Rehabilitation Satellite Certification (CS) Form or NETT clinic used as a satellite:

_____
name of satellite or other NETT clinic

11. Date of first Cont Rehab session at the satellite (or other NETT clinic):

____ ____ - ____ ____ ____ - ____ ____
day mon year

12. Duration of Core and Cont Rehab

a. Date of initial Core Rehab session:

____ ____ - ____ ____ ____ - ____ ____
day mon year

b. Date of last Cont Rehab session:

____ ____ - ____ ____ ____ - ____ ____
day mon year

13. Number of days from date in item 12a through date in item 12b *(count the date in item 12a as Day #1; count forward to the date in item 12b; record the number for the date in item 12b in this item):*

___ ___

14. Is the number in item 13 at least 40 and no greater than 70:

( ) Yes 1 ( ) No * 2 → SKIP

*(*Core and Cont Rehab must last at least 40 days and no longer than 70 days. The patient is ineligible for NETT. Complete this form but do not key it; skip to Section H. Note the reason for ineligibility on Form ER.)*

C. Visit with NETT physician to review results of screening

15. Date of visit with NETT physician:

___ ___ - ___ ___ ___ - ___ ___
day mon year

D. Core Rehab summary

16. Dates of lower extremity endurance sessions:

a. Date 1:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Date 2:

___ ___ - ___ ___ ___ - ___ ___
day mon year

c. Date 3:

___ ___ - ___ ___ ___ - ___ ___
day mon year

d. Date 4:

___ ___ - ___ ___ ___ - ___ ___
day mon year

17. Dates of upper extremity endurance sessions:

a. Date 1:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Date 2:

___ ___ - ___ ___ ___ - ___ ___
day mon year

c. Date 3:

___ ___ - ___ ___ ___ - ___ ___
day mon year

d. Date 4:

___ ___ - ___ ___ ___ - ___ ___
day mon year

18. Dates of flexibility sessions:

a. Date 1:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Date 2:

___ ___ - ___ ___ ___ - ___ ___
day mon year

c. Date 3:

___ ___ - ___ ___ ___ - ___ ___
day mon year

d. Date 4:

___ ___ - ___ ___ ___ - ___ ___
day mon year

19. Dates of strength training sessions:

a. Date 1:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Date 2:

___ ___ - ___ ___ ___ - ___ ___
day mon year

c. Date 3:

___ ___ - ___ ___ ___ - ___ ___
day mon year

d. Date 4:

___ ___ - ___ ___ ___ - ___ ___
day mon year

20. Date of pulmonary rehabilitation education session:

day mon year

21. Date of medication plan education session:

day mon year

22. Date of NETT education session:

day mon year

23. Date of oxygen use education session *(enter n if patient does not use oxygen and did not have this session):*

day mon year

24. Date of psychosocial counseling session:

day mon year

E. Cont Rehab exercise sessions

25. Exercise sessions

a. How many exercise sessions did the patient complete in Cont Rehab:

sessions

b. Is item 25a at least 12:

( ) Yes 1 ( ) No * 2 → SKIP

*(*At least 12 exercise sessions must be completed in Cont Rehab. Have the patient complete additional Cont Rehab sessions if time remains within the 70 day window. Otherwise, the patient is inelegible for NETT and you must skip to Section H and note the reason for ineligibility on Form ER.)*

c. Date 1:

day mon year

d. Date 2:

day mon year

e. Date 3:

day mon year

f. Date 4:

day mon year

g. Date 5:

day mon year

h. Date 6:

day mon year

i. Date 7:

day mon year

j. Date 8:

day mon year

k. Date 9:

day mon year

l. Date 10:

day mon year

m. Date 11:

day mon year

n. Date 12:

day mon year

o. Date 13:

day mon year

p. Date 14:

day mon year

q. Date 15:

___ ___ - ___ ___ - ___ ___
day mon year

r. Date 16:

___ ___ - ___ ___ - ___ ___
day mon year

F. Additional education/psychosocial sessions in Core and Cont Rehab

26. Additional education/psychosocial sessions

a. In addition to the required Core Rehab education/psychosocial sessions specified in items 20-24, how many education/psychosocial sessions did the patient complete in Core and/or Cont Rehab:

___ ___
sessions.

b. Is item 26a at least 12:

( ) Yes 1 ( ) No * 2

*(*At least 12 education/psychosocial sessions, additional to the sessions in items 20-24 must be completed in Core and/or Cont Rehab. If the patient has not completed at least 12 additional education/pyschosocial sessions, have the patient complete additional education sessions if time remains within the 70 day window. Otherwise, the patient is ineligible for NETT and you must skip to Section H and note the reason for ineligibility on Form ER.)*

c. Date 1:

___ ___ - ___ ___ - ___ ___
day mon year

d. Date 2:

___ ___ - ___ ___ - ___ ___
day mon year

e. Date 3:

___ ___ - ___ ___ - ___ ___
day mon year

f. Date 4:

___ ___ - ___ ___ - ___ ___
day mon year

g. Date 5:

___ ___ - ___ ___ - ___ ___
day mon year

h. Date 6:

___ ___ - ___ ___ - ___ ___
day mon year

i. Date 7:

___ ___ - ___ ___ - ___ ___
day mon year

j. Date 8:

___ ___ - ___ ___ - ___ ___
day mon year

k. Date 9:

___ ___ - ___ ___ - ___ ___
day mon year

l. Date 10:

___ ___ - ___ ___ - ___ ___
day mon year

m. Date 11:

___ ___ - ___ ___ - ___ ___
day mon year

n. Date 12:

___ ___ - ___ ___ - ___ ___
day mon year

o. Date 13:

___ ___ - ___ ___ - ___ ___
day mon year

p. Date 14:

___ ___ - ___ ___ - ___ ___
day mon year

q. Date 15:

___ ___ - ___ ___ - ___ ___
day mon year

r. Date 16:

___ ___ - ___ ___ - ___ ___
day mon year

27. Topics of additional education/psychosocial sessions *(check all that patient attended)*

a. Anatomy, physiology, pathophysiology of COPD and emphysema: (1)

b. Medications: (1)

c. Collaborative self-management: (1)

d. Oxygen therapy: (1)

e. Breathing training: (1)

f. Secretion clearance and management: (1)

g. Stress management: (1)

h. Nutrition: (1)

i. Travel and environmental issues: (1)

j. Sexuality and COPD: (1)

k. Energy conservation and ADL: (1)

l. Advanced directives: (1)

m. 1st other topic *(specify):* (1)

_____
specify

n. 2nd other topic *(specify):* (1)

_____
specify

o. 3rd other topic *(specify):* (1)

_____
specify

p. 4th other topic *(specify):* (1)

_____
specify

28. Date of nutrition visit *(enter n if patient did not need this session):*

___ ___ - ___ ___ - ___ ___
day mon year

G. Eligibility check

29. Is there any reason to declare the patient ineligible based on performance in Core Rehab and/or Cont Rehab:

Yes (* 1) No (2)

STOP ← | 30. ←

_____
specify reason for ineligibility

*(*Complete this form but do not key it; note the reason for ineligibility on Form ER.)*

H. Administrative information

30. Rehabilitation Coordinator PIN: ___ ___ ___

31. Rehabilitation Coordinator signature:

_____

32. Clinic Coordinator PIN: ___ ___ ___

33. Clinic Coordinator signature:

_____

34. Date form reviewed:

___ ___ - ___ ___ - ___ ___
day mon year

AB - Form AB Post Randomization Rehabilitation Summary (rev 2)

Date file created: 12 May 2006
Observations: 1113
Variables: 32

Variable Name	Variable Label	Type	Variable Length	Format
ab209	9 Satellite center used for rehab	Char	1	
ab211	#11 cnvrtd to #days from RZ/scr strt	Char	7	
ab212	#12 cnvrtd to #days from RZ/scr strt	Char	7	
ab213	#13 cnvrtd to #days from RZ/scr strt	Char	7	
ab207a	7a No. of sessions at NETT clinic	Char	2	
ab207b	7b No. of exercise sessions at satellit	Char	2	
ab208a	8a No. of education sessions at NETT cl	Char	2	
ab208b	8b No. of education sessions at satelli	Char	2	
ab214a	#14a cnvrtd to #days from RZ/scr strt	Char	7	
ab214b	#14b cnvrtd to #days from RZ/scr strt	Char	7	
ab215a	#15a cnvrtd to #days from RZ/scr strt	Char	7	
ab215b	#15b cnvrtd to #days from RZ/scr strt	Char	7	
ab216a	#16c cnvrtd to #days from RZ/scr strt	Char	7	
ab216b	#16b cnvrtd to #days from RZ/scr strt	Char	7	
ab217a	#17a cnvrtd to #days from RZ/scr strt	Char	7	
ab217b	#17b cnvrtd to #days from RZ/scr strt	Char	7	
ab218a	#18a cnvrtd to #days from RZ/scr strt	Char	7	
ab218b	18b Date 1: type of session	Char	1	
ab218c	#18c cnvrtd to #days from RZ/scr strt	Char	7	
ab218d	18d Date 2: type of session	Char	1	
ab219a	#19a cnvrtd to #days from RZ/scr strt	Char	7	
ab219b	#19b cnvrtd to #days from RZ/scr strt	Char	7	
ab219c	#19c cnvrtd to #days from RZ/scr strt	Char	7	
ab219d	#19d cnvrtd to #days from RZ/scr strt	Char	7	
ab219e	#19e cnvrtd to #days from RZ/scr strt	Char	7	
ab219f	#19f cnvrtd to #days from RZ/scr strt	Char	7	
ab219g	#19g cnvrtd to #days from RZ/scr strt	Char	7	
ab219h	#19h cnvrtd to #days from RZ/scr strt	Char	7	
form	Form abreviation and revision number	Char	4	
formdate	item 4 cnvrtd to #days from RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Post Randomization Rehabilitation Summary

( ) keyed **38**

Purpose: Record summary information related to the patient's participation in the NETT pulmonary rehabilitation program in the 8 weeks of Consolidation and Continued Consolidation Rehabilitation.

When: Use visit ID code rz; complete after patient completes post randomization rehabilitation.

Administered by: NETT clinic rehabilitation staff, Rehabilitation Coordinator, or Clinic Coordinator.

Respondent: None.

Instructions: Transcribe information from the logs of exercise and education/counseling sessions completed for the patient by the NETT clinic and any Rehabilitation Satellite Center which the patient attended. Ideally, the patient will complete post randomization rehabilitation as specified by protocol (2 days of Consolidation Rehabilitation followed by 8 weeks of Continued Consolidation Rehabilitation, 1 session per week). Report sessions as they occur regardless of whether the timing goes according to protocol. If the patient has not completed all Consolidation and Continued Consolidation Rehabilitation sessions by the close of the patient's f06 visit window, complete this form reporting the Consolidation or Continued Rehabilitation sessions completed. Put m's in for sessions not done. Report prescription of extra rehabilitation sessions on the Unusual Event (UE) form. If the patient did not complete **any** Consolidation or Continued Consolidation Rehabilitation sessions, do not complete this form; complete the Unusual Event (UE) form instead.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date form initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: a b 2

B. General information for Consolidation and Continued Consolidation Rehabilitation

7. Exercise session attendance in Consolidation and Continued Consolidation Rehabilitation combined

a. How many exercise sessions led by NETT clinic rehabilitation staff did the patient attend *(these sessions may have been done at the NETT clinic or may have been led by NETT clinic staff at a satellite):*

____ ____
sessions

b. How many exercise sessions led by satellite staff did the patient attend:

____ ____
sessions

8. Education, counseling, and nutrition session attendance in Consolidation and Continued Consolidation Rehabilitation combined

a. How many education, counseling, and nutrition sessions led by NETT clinic rehabilitation staff did the patient attend *(these sessions may have been done at the NETT clinic or may have been led by NETT clinic staff at a satellite):*

____ ____
sessions

b. How many education, counseling, and nutrition sessions led by satellite staff did the patient attend:

____ ____
sessions

9. Was a satellite or other NETT clinic used for any Continued Consolidation Rehabilitation sessions:

Yes (1) No (2) → **11.**

10. Name of satellite center as specified on Rehabilitation Satellite Certification (CS) Form or other NETT clinic used as a satellite:

_____
satellite name or other NETT clinic

11. Date of initial Consolidation Rehabilitation session:

____ ____ - ____ ____ ____ - ____ ____
day mon year

12. Date of last Continued Consolidation Rehabilitation session:

___ ___-___ ___ ___-___ ___
day mon year

C. Consolidation Rehabilitation summary

13. Date of visit with NETT clinic physician:

___ ___-___ ___ ___-___ ___
day mon year

14. Dates of upper extremity exercise sessions:

a. 1st session:

___ ___-___ ___ ___-___ ___
day mon year

b. 2nd session:

___ ___-___ ___ ___-___ ___
day mon year

15. Dates of lower extremity exercise sessions:

a. 1st session:

___ ___-___ ___ ___-___ ___
day mon year

b. 2nd session:

___ ___-___ ___ ___-___ ___
day mon year

16. Dates of flexibility exercise sessions:

a. 1st session:

___ ___-___ ___ ___-___ ___
day mon year

b. 2nd session:

___ ___-___ ___ ___-___ ___
day mon year

17. Dates of strengthening exercise sessions:

a. 1st session:

___ ___-___ ___ ___-___ ___
day mon year

b. 2nd session:

___ ___-___ ___ ___-___ ___
day mon year

18. Dates of required education/counseling sessions:

a. 1st session:

___ ___-___ ___ ___-___ ___
day mon year

b. Type of session *(check only one):*

Skill/education (1)
Counseling (2)

c. 2nd session:

___ ___-___ ___ ___-___ ___
day mon year

d. Type of session *(check only one):*

Skill/education (1)
Counseling (2)

D. Continued Consolidation Rehabilitation summary

19. Dates of supervised exercise sessions *(patient should have 1 supervised session per week for 8 weeks; if the patient's sessions do not occur on a weekly schedule, fill in the dates of sessions as they occur):*

a. Week 1:

___ ___-___ ___ ___-___ ___
day mon year

b. Week 2:

___ ___-___ ___ ___-___ ___
day mon year

c. Week 3:

___ ___-___ ___ ___-___ ___
day mon year

d. Week 4:

___ ___-___ ___ ___-___ ___
day mon year

e. Week 5:

___ ___-___ ___ ___-___ ___
day mon year

f. Week 6:

___ ___-___ ___ ___-___ ___
day mon year

g. Week 7:

___ ___-___ ___ ___-___ ___
day mon year

h. Week 8:

___ ___-___ ___ ___-___ ___
day mon year

E. Administrative information

20. Rehabilitation Coordinator PIN: ___ ___ ___

21. Rehabilitation Coordinator signature:

_____

22. Clinic Coordinator PIN: ___ ___ ___

23. Clinic Coordinator signature:

_____

24. Date form reviewed:

___ ___-___ ___ ___-___ ___
day mon year

AT - Form AT Regularly Scheduled Telephone Contact (rev 3)

Date file created: 12 May 2006
Observations: 11068
Variables: 37

Variable Name	Variable Label	Type	Variable Length	Format
at307	7 Current residence	Char	1	
at308	8 Spoke with patient	Char	1	
at316	16 No. overnight hospital stays in past	Char	2	
at317	17 No. overnights in rehab hosp in past	Char	2	
at318	18 No. ER visits in past month	Char	2	
at319	19 No. visits to MD in past month	Char	2	
at320	20 No. visits at home by health profess	Char	2	
at321	21 No. visits at home by health care wo	Char	2	
at322	22 No. visits at home by health equipme	Char	2	
at323	23 Other visits with health care worker	Char	1	
at324	24 Illness caused family to restrict ac	Char	1	
at325	25 No. hrs family cared for patient in	Char	3	
at312a	12a Any endurance exercise past 7 days	Char	1	
at312b	12b Number of times exercised in past we	Char	2	
at312c	12c Length of exercise session (min)	Char	2	
at313a	13a Any flexibility exercise past 7 days	Char	1	
at313b	13b Times did flexibility exercise past	Char	2	
at314a	14a Upper extremity exercise in past 7 d	Char	1	
at314b	14b Times did upper extrem exercise past	Char	2	
at315a	15a Strength exercise in past 7 days	Char	1	
at315b	15b Times did strength exercise in past	Char	2	
at326a	26a Spoke with patient	Char	1	
at326b	26b Spoke with spouse	Char	1	
at326c	26c Spoke with other family member	Char	1	
at326d	26d Spoke with caregiver (non-family)	Char	1	
at326e	26e Spoke with staff at institution	Char	1	
at326f	26f Spoke with other	Char	1	
at326g	26g Spoke with no one about patient	Char	1	
at327a	27a Patient too sick	Char	1	
at327b	27b Patient refused	Char	1	
at327c	27c Patient temporarily away	Char	1	
at327d	27d Missed time window	Char	1	
at327e	27e Other	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	item 4 cnvrtd to #days from RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Regularly Scheduled Telephone Contact

( ) keyed **42**

Purpose: To record information about regularly scheduled post randomization followup telephone contacts.

When: Visits f01, f02, f04, f08, f10, f15, f18, f21, f27, f30, f33, f39, f42, f45, f51, f54, and f57.

Administered by: NETT clinic rehabilitation staff, Rehabilitation Coordinator or Clinic Coordinator.

Respondent: Patient.

Instructions: Use this form to report the status of followup telephone contacts at the scheduled contact times. Complete this form whether or not you speak with the patient. If you could not locate the patient or anyone knowledgeable about the patient's whereabouts or if you did not try to contact the patient during the time window for the contact, enter the last permissable date in the time window for the contact in item 4. Specify residence in item 7 only if you know the patient's whereabouts during the time window for the contact.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of telephone contact; date window closed if contact was missed):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: f ____ ____

6. Form & revision: a t 3

B. Current residence of patient

7. Patient's current residence *(check only one):*

- Private home, apartment, or condominium (1)
- Retirement home (2)
- Nursing home (3)
- Rehabilitation facility (4)
- Acute care hospital (5)
- Other *(specify):* (6)

_____

- Could not locate patient or anyone with knowledge of patient's whereabouts (7)

32. ←

8. Were you able to speak with the patient within the time window for the telephone contact:

(Yes 1) (No 2)

26. ←

C. General interview *(ask these questions and record the responses in general, but do not key items 9-11)*

9. How are you doing:

10. Do you have any problems:

(Yes) (No)

11. Suggested plan:

D. Exercise interview

12. Lower extremity endurance exercise

a. In the 7 days prior to this phone call did you do any lower extremity endurance exercise (such as walking or cycling):

( ) Yes (1) ( ) No (2)

→ **13.**

b. On how many days did you do lower extremity endurance exercise:

___ ___ # days

c. On average, how many minutes long was your lower extremity endurance exercise session:

___ ___ # min

13. Flexibility (stretching) exercise

a. In the 7 days prior to this phone call did you do any flexibility (stretching) exercise:

( ) Yes (1) ( ) No (2)

→ **14.**

b. On how many days did you do flexibility (stretching) exercise:

___ ___ # days

14. Upper extremity endurance exercise

a. In the 7 days prior to this phone call did you do any upper extremity endurance exercise:

( ) Yes (1) ( ) No (2)

→ **15.**

b. On how many days did you do upper extremity endurance exercise:

___ ___ # days

15. Strength training exercise

a. In the 7 days prior to this phone call did you do any strength training exercise (such as therabands, free weights):

( ) Yes (1) ( ) No (2)

→ **16.**

b. On how many days did you do strength training exercise:

___ ___ # days

E. Healthcare utilization interview *(these questions relate to all medical care, not just care for emphysema)*

16. In the past month, how many nights have you stayed overnight in a hospital or other acute care facility *(include nights for NETT LVRS):*

___ ___ # nights

17. In the past month, how many nights have you stayed overnight in a rehabilitation hospital, nursing home, or other nonacute care facility:

___ ___ # nights.

18. In the past month, how many times have you been seen at an emergency room (department), triage area, or urgent care facility:

___ ___ # times

19. In the past month, how many times have you visited a physician, physician's assistant, or nurse in their office or have you visited an outpatient clinic for any reason *(exclude hospital stays, visits to nonacute care facilities, and emergency room, triage area or urgent care area visits; exclude NETT screening, followup, and rehab visits; by followup visits, we mean the regularly scheduled NETT in person followup visits, eg, f06, f12, f24, etc):*

___ ___ # times

20. In the past month, how many times has a health care professional (eg, home health agency nurse, physical therapist, occupational therapist) visited you in your residence:

___ ___ # times.

21. In the past month, how many times has a health care service worker (eg, aide, attendant) come to your residence for health reasons:

___ ___ # times.

22. In the past month, how many times has a health equipment technician or respiratory therapist come to your residence to adjust, service, or care for some item of health care equipment used by you:

___ ___ # times.

23. In the past month, did you have any other visits with health care workers other than those just mentioned *(exclude NETT screening, followup, and rehab visits; by followup visits, we mean the regularly scheduled NETT in person followup visits, eg, f06, f12, f24, etc.):*

( ) Yes (1) ( ) No (2) → **24.**

If yes, please describe:

_____

_____

_____

24. In the past month, has your illness required any family members or friends to restrict their work or social activities *(include efforts to help you participate in NETT):*

( ) Yes (1) ( ) No (2)

25. About how many hours in the past week have family members or friends spent in helping with your care *(include efforts to help you participate in NETT):*

___ ___ ___ # hours.

F. Other contacts about patient

26. With whom did you speak when trying to complete the interview with the patient *(check "patient" if you were able to interview the patient within the time window for the telephone contact; otherwise check all that apply)*

a. Patient: ( ) (1) → **30.**

b. Spouse: ( ) (1)

c. Other family member: ( ) (1)

d. Caregiver (non family): ( ) (1)

e. Staff at institution where patient is staying: ( ) (1)

f. Other *(specify):* ( ) (1)

_____

g. Did not speak with anyone about patient within the time window: ( ) (1)

27. Why weren't you able to speak to the patient *(check all that apply)*

a. Patient too sick: ( ) (1)

b. Patient refused: ( ) (1)

c. Patient temporarily away: ( ) (1)

d. Missed time window: ( ) (1)

e. Other *(specify):* ( ) (1)

_____

28. What is the patient's situation:

_____

_____

_____

29. When might the patient be available for interview:

_____

_____

_____

G. Next telephone contact

30. Was the next telephone contact scheduled:

( ) Yes (1) ( ) No (2) → **32.**

31. Date and time of next telephone contact

a. Date:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Time:

___ ___ : ___ ___ ( ) am (1) ( ) pm (2)
hour minute

H. Administrative information

32. Interviewer name *(please print):*

_____

33. Interviewer signature:

_____

34. Clinic Coordinator PIN: ___ ___ ___

35. Clinic Coordinator signature:

_____

36. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___
day mon year

BU - Form BU Blood and Urine Analysis (rev 2)

Date file created: 13 May 2006
Observations: 5340
Variables: 31

Variable Name	Variable Label	Type	Variable Length	Format
a1atconc	Concentration level (mg/dL)	Num	8	
a1atptyp	Phenotype	Char	4	
bu207	7 Blood collected for hematology	Char	1	
bu208	#8 cnvrtd to # of days frm RZ/scr strt	Num	8	
bu211	11 Blood collected for plasma cotinine	Char	1	
bu212	#12 cnvrtd to # days frm RZ/scr strt	Num	8	
bu213	13 Plasma cotinine (ng/ml)	Char	3	
bu214	14 Blood collected for A1AT testing	Char	1	
bu215	#15 cnvrtd to # of days frm RZ/scr strt	Num	8	
bu218	18 Urine collected for analysis	Char	1	
bu219	#19 cnvrtd to # of days frm RZ/scr strt	Num	8	
bu221	21 s1 or s3 visit?	Char	1	
bu222	22 Patient ineligible--blood/urine	Char	1	
bu209a	9a WBC	Char	3	
bu209b	9b Hemoglobin (g/dL)	Char	3	
bu209c	9c Platelets (10**9/L)	Char	4	
bu210a	10a Creatinine	Char	1	
bu210b	10b Total protein	Char	1	
bu210c	10c Albumin	Char	1	
bu210d	10d Glucose	Char	1	
bu210e	10e AST (SGOT)	Char	1	
bu210f	10f Alk phos	Char	1	
bu210g	10g Total bilirubin	Char	1	
bu220a	20a Glucose	Char	1	
bu220b	20b Protein	Char	1	
bu220c	20c pH	Char	3	
bu220d	20d Specific gravity	Char	4	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to No. of days from RZ	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Blood and Urine Analyses

( ) keyed **47**

Purpose: To record results of blood and urine analyses.

When: Visits s1, s3, f12, f24, f36, f48, and f60.

Administered by: Study Physician and Clinic Coordinator.

Respondent: None.

Instructions: Hematology, serum chemistry, plasma cotinine (if patient is not using nicotine), and urinalysis results should be obtained at s1 before clearing the patient for beginning Core Rehabilitation. Plasma cotinine should be repeated at s3 (if patient is not using nicotine). Alpha-1 antitrypsin deficiency testing is done at s1 only. Hematology, serum chemistry and urinalysis should be completed at f12, f24, f36, f48, and f60. All relevant lab reports should be marked with the patient's ID number and name code and stapled to the back of this form. If your lab reports values electronically, print a copy of the report, mark it with the patient's ID number and name code, and staple it to the back of this form. If the patient is found to be ineligible, complete this form but do not key it. The reason for the ineligibility will be noted on Form EH or Form ER.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date form is initiated):*

__ __ - __ __ - __ __
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: b u 2

B. Blood and urine analyses

7. Was blood collected for hematology and serum chemistry *(s1, f12, f24, f36, f48, f60 visits):*

( ) Yes (1) ( ) No (2)

11.

8. Date of blood collection:

__ __ - __ __ - __ __
day mon year

9. Hematology results:

a. WBC: ____ ____ • ____
10^9/L or 10^3/ µL or 10^3/mm^3

b. Hemoglobin: ____ ____ • ____
g/dL

c. Platelets: ____ ____ ____ • ____
10^9/L or 10^3/ µL or 10^3/mm^3

10. Serum chemistry results:

	Normal	Abnormal
a. Creatinine:	( ) 1	( ) 2
b. Total protein:	( ) 1	( ) 2
c. Albumin:	( ) 1	( ) 2
d. Glucose:	( ) 1	( ) 2
e. AST (SGOT):	( ) 1	( ) 2
f. Alk phos:	( ) 1	( ) 2
g. Total bilirubin:	( ) 1	( ) 2

11. Was blood collected for plasma cotinine analysis *(s1 and s3 visits, only for patients not using nicotine):*

( ) Yes (1) ( ) No (2)

14.

12. Date of blood collection:

__ __ - __ __ - __ __
day mon year

13. Reported plasma cotinine:

(Note: Code 00.0 if lab reports ''negative'' or ''none detected''; if plasma cotinine is greater than 13.7 ng/ml and patient is not using nicotine, the patient is ineligible for NETT.)

____ ____ • ____
ng/ml

14. Was blood collected for alpha-1 antitrypsin deficiency testing *(s1 visit only):*

( ) Yes (1) ( ) No (2)

18.

15. Date of blood collection:

___ ___ - ___ ___ - ___ ___
day mon year

16. Concentration:

a. Level: ___ ___ ___ • ___ ___

b. Units:

mg/dL (1)
mg/ml (2)
µM (3)

17. Phenotype *(check only one)*

ZZ (1)
MZ (2)
MM (3)
SS (4)
SZ (5)
Null (6)
Other *(specify):* (7)

_____
specify phenotype

18. Was urine collected for analysis *(s1, f12, f24, f36, f48, f60 visits):*

Yes (1) No (2)
21.

19. Date of urine collection:

___ ___ - ___ ___ - ___ ___
day mon year

20. Urinalysis results:

	Normal	Abnormal
a. Glucose:	(1)	(2)
b. Protein:	(1)	(2)

c. pH: ___ ___ • ___ ___

d. Specific gravity: ___ • ___ ___ ___

C. Check on eligibility

21. Is this the s1 or s3 visit:

Yes (1) No (2)
23.

22. Do any of the blood or urine analyses cause you to declare the patient ineligible for NETT:

Yes (* 1) No (2)
STOP 23.

If yes, specify reason:

_____
specify reason

*(*Complete this form but do not key it; note the reason for ineligibility on Form EH or Form ER.)*

C. Administrative information

23. Study Physician PIN: ___ ___ ___

24. Study Physician signature:

_____

25. Clinic Coordinator PIN: ___ ___ ___

26. Clinic Coordinator signature:

_____

27. Date form reviewed:

___ ___ - ___ ___ - ___ ___
day mon year

DR - Form DR Death Report Form (rev 2)

Date file created: 13 May 2006
Observations: 536
Variables: 14

Variable Name	Variable Label	Type	Variable Length	Format
dr207	#7 cnvrtd to No. of days frm RZ/scr strt	Char	7	
dr208a	8a Patient's family	Char	1	
dr208b	8b Friend	Char	1	
dr208c	8c Health care provider or NETT staff	Char	1	
dr208d	8d Newspaper	Char	1	
dr208e	8d Funeral parlor/home	Char	1	
dr208f	8f Medical record	Char	1	
dr208g	8g Medical examiner	Char	1	
dr208h	8h Coroner	Char	1	
dr208i	8i Other	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to No. of days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Death Report Form

Purpose: To record the report of a patient's death.

When: As soon as clinic is notified of a patient's death.

Administered by: Clinic Coordinator.

Respondent: None.

Instructions: Complete this form whenever the clinic is informed of a patient's death. After completing this form request the death certificate from the State Vital Records office. Do not request the certificate from the patient's family. When this form is added to the database, a report will print after the second keying. Fax the report to the Coordinating Center. If date of death is edited subsequently, a revised report will print and that report should also be faxed to the Coordinating Center.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: n ____ ____

6. Form & revision: d r 2

B. Death information

7. Date of death:

____ ____ - ____ ____ ____ - ____ ____
day mon year

8. Source of death report *(check all that apply):*

a. Patient's family: (1)
b. Friend: (1)
c. Health care provider or NETT staff: (1)
d. Newspaper: (1)
e. Funeral parlor/home: (1)
f. Medical record: (1)
g. Medical examiner: (1)
h. Coroner: (1)
i. Other *(specify):* (1)

_____
other source

9. Place of death:

_____
city/state/province/country

C. Administrative information

10. Clinic Coordinator PIN: ____ ____ ____

11. Clinic Coordinator signature:

_____

12. Date form reviewed:

____ ____ - ____ ____ ____ - ____ ____
day mon year

NOTE: If a report prints upon completion of keying, fax the report to the Coordinating Center.

EB - Form EB Brief Screen for Eligibility (rev 2)

Date file created: 13 May 2006
Observations: 3775
Variables: 52

Variable Name	Variable Label	Type	Variable Length	Format
eb207	7 Patient suitable for the trial	Char	1	
eb208	8 Consent form signed?	Char	1	
eb210	#10: age<=51=00, age>=80=99	Char	2	
eb211	11 Gender	Char	1	
eb213	13 Retired or disabled?	Char	1	
eb214	14 Age at retirement	Char	2	
eb216	16 Reason for retiring	Char	1	
eb217	17 Currently disabled	Char	1	
eb218	18 Disabled due to emphysema?	Char	1	
eb220	20 Currently employed	Char	1	
eb222	22 Hours per week at work	Char	2	
eb223	23 Occupational group	Char	1	
eb224	24 Marital status	Char	1	
eb225	25 Educational level	Char	1	
eb226	26 Economic status	Char	1	
eb230	30 Participated in pulm rehab program	Char	1	
eb232	32 Duration of program (weeks)	Char	3	
eb233	33 Ever smoked cigarettes	Char	1	
eb234	34 Smoked cigarettes in past 120 days	Char	1	
eb235	35 Smoked cigarettes regularly	Char	1	
eb236	36 Age started smoking regularly	Char	2	
eb237	37 Age stopped smoking (years)	Char	2	
eb238	38 Avg no. cigarettes/day smoked	Char	3	
eb239	39 Inhaled the cigarette smoke	Char	1	
eb240	40 Ever smoked cigars/cigarillos	Char	1	
eb241	41 Smoked cigars in past 120 days	Char	1	
eb242	42 Smoked cigars regularly	Char	1	
eb243	43 Age started smoking cigars	Char	2	
eb244	44 Age stopped smoking cigars	Char	2	
eb245	45 Avg no cigars smoked per day	Char	3	
eb246	46 Inhaled the cigar smoke	Char	1	
eb247	47 Ever smoked a pipe	Char	1	
eb248	48 Smoked a pipe in past 120 days	Char	1	
eb249	49 Smoked a pipe regularly	Char	1	
eb250	50 Age started smoking a pipe	Char	2	
eb251	51 Age stopped smoking a pipe	Char	2	
eb252	52 Avg no oz smoked per week	Char	3	
eb253	53 Inhaled the pipe smoke	Char	1	
eb254	54 Currently use nicotine products	Char	1	
eb259	59 BMI (kg/m**2)	Char	3	
eb229a	29a Staff at the center	Char	1	
eb229b	29b Mailing from this center	Char	1	
eb229c	29c Staff at another center	Char	1	
eb229d	29d Newspaper	Char	1	
eb229e	29e Radio	Char	1	
eb229f	29f Television	Char	1	
eb229g	29g Friend	Char	1	
eb229h	29h Other	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Brief Screen for Eligibility

Purpose: To assign Patient ID number and obtain consent for diagnostic testing and entry into registry.

When: Visit s1.

Administered by: Study Physician (pulmonary physician or thoracic surgeon) and Clinic Coordinator.

Respondent: Patient and Clinic Coordinator.

Instructions: This form may be started after the study physician has reviewed the materials from the referring physician (eg, spirometry, chest x-ray, EKG, history) and has concluded that the patient's history is consistent with emphysema and that the patient may be suitable for NETT or when the patient arrives for the initial visit. If a STOP condition is checked, do not complete the remainder of this form and do not assign an ID number; the patient is ineligible for NETT. File the partially completed form in the file for ineligible patients. If the patient remains eligible after completion of the form and the patient has signed the Consent for Screening and Patient Registry, proceed with diagnostic testing. A report will print when this form is keyed to the database or subsequently is edited. A page of lung function predicted values for the patient will also print. Fax the report to the Coordinating Center.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated)*:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit ID code: s 1 ____

6. Form & revision: e b 2

B. Consent

7. After reviewing the existing records (spirometry, chest x-ray, EKG, and/or history) does the study physician feel that the patient may be suitable for the trial:

Yes (1) No (2) STOP

8. Has the patient signed the Consent for Screening and Patient Registry:

Yes (1) No (2) STOP

C. Information about patient

9. Date of birth:

____ ____-____ ____ ____-____ ____
day mon year

10. Age at last birthday: ____ ____ years

11. Gender:

Male (1)
Female (2)

12. Racial/ethnic group *(show patient Flash Card #1; check only one)*:

White (not Hispanic) (1)
African American (not Hispanic) (2)
Hispanic (3)
Asian or Pacific Islander (4)
American Indian or Alaskan Native (5)
Other *(specify)* (6)

_____
specify

13. Are you retired:

Yes (1) No (2) 17.

14. At what age did you retire: ____ ____

15. What was your occupation at retirement:

_____
specify occupation

16. What was your main reason for retiring *(show respondent Flash Card #2; check only one):*

Eligible to retire due to age or length of employment	(1)
Disability due to illness	(2)
Other *(specify)*	(3)

_____
specify

17. Are you currently disabled:

Yes (1) No (2)

20.

18. Is your disability due to emphysema:

Yes (1) No (2)

19. What was your occupation before you became disabled:

_____
specify occupation

20. Are you currently employed:

Yes (1) No (2)

23.

21. What is your current occupation:

_____
specify occupation

22. About how many hours do you work each week:

___ ___
hours

23. Which of the following occupational groups best characterizes your occupational history *(show respondent Flash Card #3; check only one):*

Laborer	(1)
Clerical	(2)
Professional	(3)
Homemaker	(4)
Other *(specify):*	(5)

_____
specify

24. Marital status *(show respondent Flash Card #4; check only one):*

Single, never married	(1)
Separated	(2)
Divorced or annulled	(3)
Widowed	(4)
Married	(5)

25. Highest educational level achieved *(show respondent Flash Card #5; check only one):*

Did not complete high school	(1)
Completed high school	(2)
Some college or post high school education or training	(3)
Bachelor's degree or higher	(4)

26. To help us characterize the economic status of our study population, please indicate which category best describes the combined annual income before taxes, of all members of your household for last year *(show respondent Flash Card #6; check only one):*

Less than $15,000	(1)
$15,000 - $29,999	(2)
$30,000 - $49,999	(3)
$50,000 or more	(4)

27. What best describes your current residence *(show respondent Flash Card #7; check only one):*

Private home, apartment, or condominium	(1)
Retirement home	(2)
Nursing home	(3)
Rehabilitation facility	(4)
Acute care hospital	(5)
Other *(specify)*	(6)

_____
specify

28. What is your current zipcode:

___ ___ ___ ___ ___

29. How did you find out about the NETT *(check all that apply):*

a. Staff at this center	(1)
b. Mailing from this center	(1)
c. Staff at another medical center or office	(1)
d. Newspaper	(1)
e. Radio	(1)
f. Television	(1)
g. Friend	(1)
h. Other *(specify)*	(1)

_____
specify

30. Have you ever participated in a pulmonary rehabilitation program:

Yes (1) No (2)

→ **33.**

31. Month and year you started the program *(guess if uncertain)*

a. Month: ___ ___

b. Year: ___ ___

32. Duration of supervised portion of program *(guess if uncertain):* ___ ___ ___
weeks

D. Tobacco smoking history (ATS-DLD)

33. Have you ever smoked cigarettes:

Never	(1) → **40.**
In the past but not any more	(2)
Currently smoke cigarettes	(3) → STOP

34. Have you smoked any cigarettes in the past 4 months:

Yes (1) → STOP No (2)

35. Did you smoke cigarettes regularly *("No" means less than 20 packs of cigarettes or 12 oz of tobacco in a lifetime or less than 1 cigarette a day for one year):*

Yes (1) No (2) → **40.**

36. How old were you when you first started regular cigarette smoking:

___ ___
years

37. How old were you when you (last) stopped smoking cigarettes:

___ ___
years

38. On the average of the entire time you smoked cigarettes, how many cigarettes did you smoke per day:

___ ___ ___
cigarettes/day

39. Did you inhale the cigarette smoke:

Not at all	(1)
Slightly	(2)
Moderately	(3)
Deeply	(4)

40. Have you ever smoked cigars or cigarillos:

Never	(1) → **47.**
In the past but not any more	(2)
Currently smoke cigars or cigarillos	(3) → STOP

41. Have you smoked any cigars or cigarillos in the past 4 months:

Yes (1) → STOP No (2)

42. Did you smoke cigars or cigarillos regularly *("Yes" means more than 1 cigar a week for a year):*

Yes (1) No (2)

47.

43. How old were you when you first started regular cigar or cigarillo smoking:

___ ___ years

44. How old were you when you (last) stopped smoking cigars or cigarillos:

___ ___ years

45. On the average of the entire time you smoked cigars or cigarillos, how many cigars or cigarillos did you smoke per day:

___ ___ ___ cigars/cigarillos/day

46. Did you inhale the cigar/cigarillo smoke:

Not at all (1)
Slightly (2)
Moderately (3)
Deeply (4)

47. Have you ever smoked a pipe:

Never (1) → 54.
In the past but not any more (2)
Currently smoke a pipe (3) → STOP

48. Have you smoked a pipe in the last 4 months:

Yes (1) → STOP No (2)

49. Did you smoke a pipe regularly *(Yes means more than 12 oz tobacco in a lifetime):*

Yes (1) No (2)

54.

50. How old were you when you first started to smoke a pipe regularly:

___ ___ years

51. How old were you when you (last) stopped smoking a pipe:

___ ___ years

52. On the average of the entire time you smoked a pipe, how much pipe tobacco did you smoke per week *(a standard pouch of tobacco contains 1 1/2 oz):*

___ ___ • ___ ___ oz/week

53. Did you inhale the pipe smoke:

Not at all (1)
Slightly (2)
Moderately (3)
Deeply (4)

54. Are you currently using nicotine products (eg, gum, patch):

Yes (1) No (2)

E. Measurements

55. Units of height measurement performed:

Inches (1)
Centimeters (2)

56b.

56. Height

a. Height in inches: ___ ___ • ___ ___ in

b. Height in centimeters *(measured directly or item 56a * 2.54):*

___ ___ ___ • ___ ___ cm

57. Units of weight measurment performed:

Pounds (1)
Kilograms (2)

58b.

58. Weight

a. Weight in pounds:

___ ___ ___ • ___
lb

b. Weight in kilograms *(measured directly or item 58a/2.2046):*

___ ___ ___ • ___
kg

59. Body mass index, BMI
(kg/m^2; weight/[(ht/100)^2]; use a calculator):

___ ___ • ___
kg/m^2

(Note: If BMI > 31.1 (males) or > 32.3 (females) at time of randomization, patient is ineligible for NETT. Clinic staff will need to judge whether patient should continue with screening or stop.)

F. ID assignment

(If a STOP condition was checked in Section B or D, the patient is ineligible and a Patient ID should not be assigned. Otherwise, assign an ID by following the directions in the item below.)

60. Place ID label below and enter Patient ID in item 2, and in the upper right hand corner of pages 2-5.

G. Insurance information

The following information is necessary so that payment can be made to the institution by the patient's insurance company for NETT testing. Some of this information will also be used to search public databases for vital status information. This information will be transmitted to the Coordinating Center.

61. Patient's social security number:

___ ___ ___-___ ___-___ ___ ___ ___

62. Insurance claim data

a. Insurance company to be billed for NETT procedures:

Medicare (1)
Kaiser Permanente Northeast (2)
Other *(specify)* (3)

_____
specify

b. Patient's claim number for insurance company named in item 62a *(NOTE: HIC # is 9 digits plus 1 or more alphabetic characters)*

_____

Note, patient can not be enrolled unless an insurance claim number is provided.

If patient is eligible and the Consent for Screening and Registry has been signed, order diagnostic tests and examinations.

H. Administrative information

63. Study Physician PIN: ___ ___ ___

64. Study Physician signature:

_____

65. Clinic Coordinator PIN: ___ ___ ___

66. Clinic Coordinator signature:

_____

67. Date form reviewed:

___ ___-___ ___ ___-___ ___
day mon year

NOTE: Fax the report to the Coordinating Center.

EH - Form EH Pre Rehabilitation Eligibility Check (rev 3)

Date file created: 13 May 2006
Observations: 3775
Variables: 74

Variable Name	Variable Label	Type	Variable Length	Format
eh307	7 Smoked any tobacco products since S1	Char	1	
eh310	#10 cnvrtd to #days frm RZ/scr strt	Char	7	
eh311	#11 cnvrtd to #days frm RZ/scr strt	Char	7	
eh312	#12 cnvrtd to #days frm RZ/scr strt	Char	7	
eh313	#13 cnvrtd to #days frm RZ/scr strt	Char	7	
eh315	15 Run task or do worksheet?	Char	1	
eh316	#16 cnvrtd to #days frm RZ/scr strt	Char	7	
eh317	17 Task: any stops?	Char	1	
eh318	18 SH worksheet: any stops?	Char	1	
eh320	20 Consent for rehabilitation signed	Char	1	
eh321	#21 cnvrtd to #days frm RZ/scr strt	Char	7	
eh308a	8a Clinically significant bronchiectasi	Char	1	
eh308b	8b Pleural/interstitial disease	Char	1	
eh308c	8c MI within 6 months and LVEF<45%	Char	1	
eh308d	8d Congestive HF within 6 mos & LVEF<45	Char	1	
eh308e	8e Uncontrolled hypertension	Char	1	
eh308f	8f Resting bradycardia (<50 b/min)	Char	1	
eh308g	8g Frequent multifocal PVCs	Char	1	
eh308h	8h Complex ventricular arrhythmia	Char	1	
eh308i	8i Sustanined SVT	Char	1	
eh308j	8j Other cardiac dysrhythmia	Char	1	
eh308k	8k History of exercise related syncope	Char	1	
eh308l	8l Previous sternotomy/lobectomy	Char	1	
eh308m	8m Previous lung volume reduction surge	Char	1	
eh308n	8n Pulmonary nodule surgery	Char	1	
eh308o	8o Giant bulla	Char	1	
eh308p	8p Systemic disease/neoplasia affecting	Char	1	
eh308q	8q Dx/condition which may impair cooper	Char	1	
eh308r	8r Unstable angina	Char	1	
eh309a	9a Bilateral emphysema on CT scan	Char	1	
eh309b	9b Diffuse emphysema unsuitable for LVR	Char	1	
eh319a	19a No checked for item 17	Char	1	
eh319b	19b No checked for item 18	Char	1	
eh319c	19c Yes checked for item 17	Char	1	
eh319d	19d Yes checked for item 18	Char	1	
eh319e	19e Ineligible checked in items 7-14	Char	1	
eh319f	19f None of the above	Char	1	
eh322a	22a Pre BD FEV1 (liters)	Char	3	
eh322b	22b Post BD FEV1 (liters)	Char	3	
eh322c	22c DLCO (ml/min/mmHg)	Char	3	
eh322d	22d Post BD TLC (liters)	Char	4	
eh322e	22e Post BD RV (liters)	Char	4	
eh322f	22f PaCO2 on room air (mmHg)	Char	2	
eh322g	22g PaO2 on room air (mmHg)	Char	3	
eh323al	23a Emphysema severity score:L upper zon	Char	1	
eh323ar	23a Emphysema severity score:R upper zon	Char	1	
eh323bl	23b Emphysema severity score:L middle zo	Char	1	
eh323br	23b Emphysema severity score:R middle zo	Char	1	
eh323cl	23c Emphysema severity score:L lower zon	Char	1	
eh323cr	23c Emphysema severity score:R lower zon	Char	1	
eh324a	24a PFT a/o CT scan ineligibility	Char	1	
eh324b	24b Items 7-14 ineligibility	Char	1	
eh324c	24c Cotinine>13.7 ng/ml & not using nico	Char	1	
eh324d	24d Carboxyhemoglobin>2.5% & using nicot	Char	1	
eh324e	24e Other blood/urine exclusion	Char	1	
eh324f	24f BMI>31.1(male) or >32.3(female)	Char	1	
eh324g	24g Unplanned weight loss>10% usual weig	Char	1	
eh324h	24h Excessive daily sputum	Char	1	

EH - Form EH Pre Rehabilitation Eligibility Check (rev 3)

Date file created: 13 May 2006
Observations: 3775
Variables: 74

Variable Name	Variable Label	Type	Variable Length	Format
eh324i	24i Unstable on <=20 mg prednisone	Char	1	
eh324j	24j Exclusionary medical condition from	Char	1	
eh324k	24k Exclusionary medical condition from	Char	1	
eh324l	24l Exclusionary condition from cardiac	Char	1	
eh324m	24m Cardiologist exclusion	Char	1	
eh324n	24n Could not complete 6-minute walk tes	Char	1	
eh324o	24o Other reason from 6-minute walk test	Char	1	
eh324p	24p Could not complete 3-min unloaded pe	Char	1	
eh324q	24q Other reason based on exercise test	Char	1	
eh324r	24r Trail Making Test exclusion	Char	1	
eh324s	24s Time window exclusion	Char	1	
eh324t	24t Other reason for exclusion	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Pre Rehabilitation Eligibility Check

Purpose:
- Check eligibility for trial and rehabilitation.
- Check completion of required assessments and conformance with required time windows.
- Alert you to findings which will render the patient ineligible if unchanged at the time of randomization.
- Record reasons for ineligibility for patients found to be ineligible prior to starting rehabilitation.

When: Visit s2, after patient has completed all s1 and s2 assessments.

Administered by: Clinic Coordinator and Study Physician (pulmonary physician or thoracic surgeon).

Respondent: None.

Instructions: If Elig is checked for any item, complete the entire form but note that the patient may not continue in NETT. If an item has not been assessed because the patient is ineligible, write ''m" (missing) next to that item. This form should be keyed to the database for each patient for whom Form EB was completed without encountering a STOP or Elig condition. Use a calculator for all calculations. If this form is completed without checking a STOP or Elig condition, Form ER must (eventually) be completed for the patient. A report will print after the 2nd keying indicating the patient's eligibility status based on the information keyed for this form. This report should be faxed to the Coordinating Center.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____-____ ____ ____-____ ____
day mon year

5. Visit ID code: s 2 ____

6. Form & revision: e h 3

B. Checks on current status and overall findings

7. Has the patient smoked any tobacco products (eg, cigarettes, cigars, pipes, cigarillos) since starting the screening process:

( ) Yes 1 → Elig ( ) No 2

8. Do any of the patient's assessments show evidence of:

a. Clinically significant bronchiectasis:

( ) Yes 1 → Elig ( ) No 2

b. Pleural or interstitial disease that precludes surgery:

( ) Yes 1 → Elig ( ) No 2

c. MI within 6 months and LVEF < 45%:

( ) Yes 1 → Elig ( ) No 2

d. Congestive heart failure within 6 months and LVEF < 45%:

( ) Yes 1 → Elig ( ) No 2

e. Uncontrolled hypertension (BP systolic > 200 mmHg; diastolic > 110 mmHg):

( ) Yes 1 → Elig ( ) No 2

f. Resting bradycardia (< 50 beats/min):

( ) Yes 1 → Elig ( ) No 2

g. Frequent multifocal PVCs:

( ) Yes (1) → Elig ( ) No (2)

h. Complex ventricular arrhythmia:

( ) Yes (1) → Elig ( ) No (2)

i. Sustained SVT:

( ) Yes (1) → Elig ( ) No (2)

j. Other cardiac dysrhythmia which may pose risk to patient during exercise:

( ) Yes (1) → Elig ( ) No (2)

k. History of exercise related syncope:

( ) Yes (1) → Elig ( ) No (2)

l. Previous sternotomy or lobectomy:

( ) Yes (1) → Elig ( ) No (2)

m. Previous laser or lung volume reduction surgery:

( ) Yes (1) → Elig ( ) No (2)

n. Pulmonary nodule requiring surgery:

( ) Yes (1) → Elig ( ) No (2)

o. Giant bulla:

( ) Yes (1) → Elig ( ) No (2)

p. Any systemic disease or neoplasia that is expected to compromise survival over duration of the trial:

( ) Yes (1) → Elig ( ) No (2) → 8q.

If Yes, specify:

_____
specify

q. Any disease or condition which may impair cooperation with exercise tests, therapy, or followup *(eg, renal insufficiency, uncontrolled diabetes, cancer):*

( ) Yes (1) → Elig ( ) No (2) → 8r.

If Yes, specify:

_____
specify

r. Unstable angina:

( ) Yes (*1) ( ) No (2)

*(*Patient must be evaluated by a cardiologist prior to randomization.)*

C. Check on CT scan eligibility criteria

9. CT scan assessment

a. Does the CT scan show evidence of bilateral emphysema suitable for LVRS:

( ) Yes (1) ( ) No (2) → Elig

b. Does the CT scan show evidence of diffuse emphysema judged unsuitable for LVRS:

( ) Yes (1) → Elig ( ) No (2)

D. Check on completion of Rehab Eval assessments *(these evaluations must be completed prior to starting Core Rehabilitation)*

10. Date of physician (clinic physician or rehab physician) visit:

___ ___ - ___ ___ - ___ ___
day mon year

11. Date of exercise evaluation:

___ ___ - ___ ___ - ___ ___
day mon year

12. Date of skill/education evaluation:

___ ___ - ___ ___ - ___ ___
day mon year

13. Date of psychosocial evaluation:

___ ___ - ___ ___ - ___ ___
day mon year

14. Should the patient be excluded from enrollment based on any findings from the Rehab Eval assessments *(items 10-13; enter m if Rehab Eval was not done):*

Yes (1) → Elig No (2) → 15.

If Yes, specify:

_____
specify reason for ineligibility

E. Date, numeric, and form specific checks and summary check on eligibility

Instructions: *You may:*

(1) *Complete the Pre Rehabilitation Eligibility Check Worksheet (Form SH) and do the date, numeric, and form checks by hand.*
(2) *Key the s1/s2 Forms HB, PE, PF, BU, HF, RC, RR, MO, MM, EW/ES, QB, QE, TM, QF, QG, QS, and QW and run the Pre Rehabilitation Eligibility Check task on your clinic data system.*
(3) *Do neither of (1) or (2) because you already know the patient is ineligible.*
You must do (1) or (2) in order to clear the patient for rehabilitation. You must do (2) prior to randomization.

15. Do you want to evaluate eligibility (ie, run the Pre Rehabilitation Eligibility Check task or complete Form SH) *(check "No" if you know the patient is ineligible):*

Yes (1) No (2) → 19.

16. Anticipated date for first Core Rehabilitation session *(you must specify a date in item 16; eligibility cannot be evaluated if a date is not specified):*

___ ___ - ___ ___ - ___ ___
day mon year

17. Were any STOPs or ineligibilities other than ''missing Form EH'' identified by the Pre Rehabilitation Eligibility Check task:

Yes (1)
No (2)
Task not run (3)

18. Were any STOPs or ineligibilities checked on Form SH:

Yes (1)
No (2)
Form not completed (3)

19. Eligibility status *(check all that apply)*

a. ''No'' checked for item 17: (1)
b. ''No'' checked for item 18: (1)
c. ''Yes'' checked for item 17: (1) → 21.
d. ''Yes'' checked for item 18: (1) → 21.
e. Ineligibility condition checked in items 7-14: (1) → 21.
f. None of the above: (1) → 21.

NOTE: If item 19a or item 19b is checked, the patient is eligible; complete item 20.

20. Has the patient signed the Consent for Pulmonary Rehabilitation:

Yes (†1) No (*2)
25. STOP

(†The patient is cleared to start NETT rehabilitation; skip to item 25.)

*(*The Consent for Pulmonary Rehabilitation must be signed prior to starting Core Rehabilitation.)*

F. Selected baseline data and reasons for ineligibility for ineligible patients

NOTE: Complete this section for ineligible patients ONLY.

21. Date of s1/s2 Form PF:

___ ___ - ___ ___ - ___ ___
day mon year

22. Pulmonary function values *(complete as many of these values from s1/s2 Form PF as you can; enter ''m'' for any that were not done)*

a. Pre BD FEV_1: ___ ___ • ___ ___
liters-BTPS

b. Post BD FEV_1: ___ ___ • ___ ___
liters-BTPS

c. D_LCO: ___ ___ • ___
ml/min/mmHg STPD

d. Post BD TLC: ___ ___ • ___ ___
liters-BTPS

e. Post BD RV: ___ ___ • ___ ___
liters-BTPS

f. $PaCO_2$ on room air: ___ ___
mmHg

g. PaO_2 on room air: ___ ___ ___
mmHg

23. Emphysema severity scores *(complete as many of these values from Form RC as you can; enter ''m'' for any that were not done)*

	Right	Left
a. Upper zone:	___ (0-4)	___ (0-4)
b. Middle zone:	___ (0-4)	___ (0-4)
c. Lower zone:	___ (0-4)	___ (0-4)

24. Reasons for ineligibility *(check all that apply)*

a. Numeric PFT, ABG, and/or FEV_1 subgroup ineligibility: (1)

b. Reason covered in items 7-14: (1)

c. Cotinine > 13.7 ng/ml and patient is not using nicotine products: (1)

d. Carboxyhemoglobin > 2.5% and patient is using nicotine products: (1)

e. Excluded on the basis of other blood or urine analysis results: (1)

f. BMI > 31.1 (male) or 32.3 (female) and judgment is that patient would be excluded on this basis at randomization: (1)

g. Unplanned weight loss > 10% usual weight in the 3 months prior to interview: (1)

h. Excessive daily sputum: (1)

i. Patient is not stable on ≤ 20 mg prednisone (or equivalent) daily and judgment is that patient would be excluded on this basis at randomization: (1)

j. History indicates evidence of exclusionary medical condition: (1)

k. Physical exam indicates evidence of exclusionary medical condition: (1)

l. Cardiac function test (ECG, echo, dobutamine-radionuclide scan, right heart cath) indicates evidence of exclusionary condition: (1)

m. Cardiologist did not clear patient for randomization: (1)

n. Patient could not complete the six minute walk test: (1)

o. Other reason for exclusion based on six minute walk test: (1)

p. Patient could not complete 3 minutes unloaded pedaling: (1)

q. Other reason for exclusion based on exercise test: (1)

r. Excluded based on performance on Trail Making Test: (1)

s. Tests are outside time window and clinic chose not to repeat tests: (1)

t. Other reason not yet covered on this form *(eg, refused consent):* (1)

_____

specify reason for ineligibility

G. Administrative information

25. Study physician PIN: ___ ___ ___

26. Study physician signature:

_____

27. Clinic Coordinator PIN: ___ ___ ___

28. Clinic Coordinator signature:

_____

29. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___

day mon year

NOTE: When this form is keyed, a report will print after the second keying indicating the patients's eligibility status. Fax the report to the Coordinating Center immediately.

ER - Form ER Final Eligibility Review (rev 3)

Date file created: 13 May 2006
Observations: 1799
Variables: 44

Variable Name	Variable Label	Type	Variable Length	Format
er220	20 Any reason patient is ineligible?	Char	1	
er221	21 Any reason patient is ineligible?	Char	1	
er307	7 Patient smoked any tobacco products	Char	1	
er308	8 BMI>31.1(men) or BMI>32.3(women)	Char	1	
er309	9 Patient stable on <= 20mg prednisone	Char	1	
er310	10 Any reason to exclude patient	Char	1	
er311	#11 cnvrtd to #days frm RZ/scr strt	Char	7	
er312	#12 cnvrtd to #days frm RZ/scr strt	Char	7	
er313	#13 cnvrtd to #days frm RZ/scr strt	Char	7	
er314	14 Any reason patient is ineligible?	Char	1	
er315	15 Surgeon judges patient ineligible	Char	1	
er316	16 Pulm MD judges patient ineligible	Char	1	
er317	17 Randomization task/worksheet done	Char	1	
er318	#18 cnvrtd to #days frm RZ/scr strt	Char	7	
er319	19 STOPS on Randomization task	Char	1	
er320	20 STOPS on Form SZ	Char	1	
er322	22 Signed Consent for Randomization?	Char	1	
er323	23 Surgery can be done within 14 days?	Char	1	
er324	24 Clinic in contact with patient?	Char	1	
er325	25 Patient prepared to return to clinic	Char	1	
er326	26 Patient still consents to randomizat	Char	1	
er327	27 Ineligible conditions checked in 22-	Char	1	
er321a	21a NO checked for item 19	Char	1	
er321b	21b NO checked for item 20	Char	1	
er321c	21c YES checked for item 19	Char	1	
er321d	21d YES checked for item 20	Char	1	
er321e	21e Ineligible in items 7-16	Char	1	
er321f	21f None of the above	Char	1	
er328a	28a Ineligible items checked in 7-27	Char	1	
er328b	28b Change in PFT and/or ABG from pre re	Char	1	
er328c	28c Cotinine >13.7 ng/ml, not using nico	Char	1	
er328d	28d Carboxyhemoglobin>2.5%, using nicoti	Char	1	
er328e	28e Rt heart catherization exclusion	Char	1	
er328f	28f Cardiologist exclusion	Char	1	
er328g	28g Walked < 140 meter on 6 min walk	Char	1	
er328h	28h Other s3/rz 6 min walk exclusion	Char	1	
er328i	28i Could not complete 3 min unloaded pe	Char	1	
er328j	28j Other exercise test exclusion	Char	1	
er328k	28k s3/rz tests outside time window	Char	1	
er328l	28l Other reason for ineligibilty	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Final Eligibility Review

Purpose: To review eligibility just prior to randomization.

When: Visit rz.

Administered by: Clinic Coordinator, Thoracic Surgeon, and Pulmonary Physician.

Respondent: None.

Instructions: This form must be completed for each patient who was eligible upon completion of Form EH. Hence it will be completed for patients who proceed to randomization and for patients who were cleared for rehabilitation but became ineligible after that event. A report will print after the 2nd keying indicating the patient's eligibility status based on the information keyed for this form. This report should be faxed to the Coordinating Center. **For patients whom you expect to randomize**: this form should be completed after post rehabilitation (s3) and randomization assessments have been completed. It must be keyed prior to running the randomization program. The clinic must be able to contact the patient immediately following generation of the random treatment assignment. If the patient signed the Consent for Randomization to Treatment at a previous visit, consent should be affirmed by the patient orally (telephone or in person) prior to generating the randomization.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____ ____ ____ ____ ____ ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: e r 3

B. Checks on current status and overall findings

7. Has the patient smoked any tobacco products (eg, cigarettes, cigars, pipes, cigarillos) since starting the screening process for NETT:

( ) Yes 1 → Elig
( ) No 2

8. Is BMI > 31.1 kg/m^2 (men) or > 32.3 kg/m^2 (women):

( ) Yes 1 → Elig
( ) No 2

9. Is the patient stable on ≤ 20 mg prednisone (or its equivalent; see Chart 1) daily:

( ) Yes 1
( ) No 2 → Elig

10. Consider items 8 and 9 on Form EH; based on knowledge of the patient to date, is there any reason to think that the patient has any of the exclusionary conditions listed in these items:

( ) Yes 1 → Elig
( ) No 2

If Yes, specify:

_____
specify reason for ineligibility

C. Check on completion of Rehab Re-evaluation assessments

11. Date of clinic physician visit:

____ ____ ____ ____ ____ ____ ____
day mon year

12. Date of exercise evaluation:

____ ____ ____ ____ ____ ____ ____
day mon year

13. Date of skill/education evaluation:

____ ____ ____ ____ ____ ____ ____
day mon year

14. Is there any reason to declare the patient ineligible based on these assessments *(items 11-13):*

Yes (1) No (2)

Elig ← 15.

If Yes, specify:

_____
specify reason for ineligibility

D. Surgeon and pulmonologist approval for randomization

15. In your judgement (study surgeon) is there any reason to exclude the patient from randomization:

Yes (1) No (2)

Elig ← 16.

If Yes, specify reason:

_____
specify reason for ineligibility

_____
specify reason for ineligibility

_____
specify reason for ineligibility

16. In your judgement (study pulmonary physician) is there any reason to exclude the patient from randomization:

Yes (1) No (2)

Elig ← 17.

If Yes, specify reason:

_____
specify reason for ineligibility

_____
specify reason for ineligibility

_____
specify reason for ineligibility

E. Date, numeric, and form specific checks and summary check on eligibility

Instructions: *You may:*

(1) Complete the Final Eligibility Review Worksheet (Form SZ) and do the date, numeric, and form checks by hand.

(2) Key the s3/rz Forms AA, HI, PE, PF, BU (if applicable), RP, MO, MM, EW/ES, QF, QG, QS, and QW and run the check Randomization eligibility task on your clinic data system. The task will run assuming randomization will occur today. The task includes checks on pre rehab data as well -- the checks are cumulative.

(3) Do neither of (1) or (2) because you already know the patient is ineligible.

You must do (2) prior to randomization.

17. Will you run the Randomization eligibility check task or complete the Final Eligibility Review Worksheet (Form SZ) *(Check "Yes" if you think the patient is eligible or if you want to evaluate eligibility; check "No" if you know the patient is ineligible):*

Yes (1) No (2)

21.

18. Anticipated date for randomization:

___ ___ – ___ ___ ___ – ___ ___
day mon year

19. Were any STOPs or ineligibilities other than ''missing Form ER" identified by the Randomization eligibility check task:

Yes (1)
No (2)
Task not run (3)

20. Were any STOPs or ineligibilities checked on Form SZ:

Yes (1)
No (2)
Form not completed (3)

21. Eligibility status *(check all that apply)*

a. ''No'' checked for item 19: (1)

b. "No" checked for item 20: (1)

c. ''Yes'' checked for item 19: (1) → **28.**

d. "Yes'' checked for item 20: (1) → **28.**

e. Ineligibility condition checked in items 7-16: (1) → **28.**

f. None of the above: (1) → **28.**

22. Has the patient signed the Consent for Randomization to Treatment:

Yes (1) No (*2) → STOP

*(*Consent form must be signed prior to randomization.)*

23. Is the clinic prepared to operate on the patient in the 14 days following the date in item 18 if the patient is randomized to surgery:

Yes (1) No (*2) → STOP

*(*Do not randomize the patient until schedule permits operation within 14 days.)*

24. Is the clinic in contact with the patient (ie, patient is present or available by telephone) so that the patient will be informed about the random treatment assignment:

Yes (1) No (*2) → STOP

*(*Do not randomize until patient is available.)*

25. Is the patient prepared to return to the clinic the day of randomization or the day after to begin Consolidation Rehabilitation if assigned to medical treatment:

Yes (1) No (*2) → STOP

*(*Do not randomize until patient can return as needed.)*

26. Does the patient still consent to randomization *(ie, if patient signed consent previous to the day of randomization, you should ask the patient to orally affirm his/her consent):*

Yes (1) No (2) → Elig

27. Were any ineligible or STOP conditions checked in items 22-26:

Yes (1) → Elig

No (*2) → **29.**

*(*Complete Section G, Administrative information. Next step is to key this form and run the Randomization eligibility check task.)*

F. Reasons for ineligibility

NOTE: Complete this section for ineligible patients ONLY.

28. Reasons for ineligibility *(check all that apply)*

a. Reason covered in items 7-27: (1)

b. Change in PFT and/or ABG values from pre rehab levels; or FEV_1 subgroup ineligibility: (1)

c. Cotinine > 13.7 ng/ml and patient is not using nicotine products: (1)

d. Carboxyhemoglobin > 2.5% and patient is using nicotine products: (1)

e. Right heart catheterization indicates evidence of exclusionary condition: (1)

f. Cardiologist did not clear patient for randomization: (1)

g. Distance walked on s3/rz Day 1 six minute walk was < 140 meters (459 feet) AND distance walked on s3/rz Day 2 six minute walk was < 140 meters (459 feet): (1)

h. Other reason for exclusion based on s3/rz 6 minute walk test: (1)

i. Patient could not complete 3 minutes unloaded pedaling on s3/rz exercise test: (1)

j. Other reason for exclusion based on s3/rz exercise test: (1)

k. One or more s3/rz tests are outside time window and clinic chose not to repeat test(s): (1)

l. Other reason not yet covered on this form *(eg, refused randomization):* (1)

_____

specify reason for ineligibility

G. Administrative information

29. Thoracic surgeon PIN: ___ ___ ___

30. Thoracic surgeon signature:

_____

31. Pulmonary physician PIN: ___ ___ ___

32. Pulmonary physician signature:

_____

33. Clinic Coordinator PIN: ___ ___ ___

34. Clinic Coordinator signature:

_____

35. Date form reviewed:

___ ___ - ___ ___ - ___ ___

day mon year

NOTE: When this form is keyed, a report will print after the second keying indicating the patient's eligibility status. Fax the report to the Coordinating Center immediately.

ES - Form ES Exercise ABG Substudy Testing (rev 1)

Date file created: 13 May 2006
Observations: 908
Variables: 535

Variable Name	Variable Label	Type	Variable Length	Format
es107	7 Barometric pressure	Char	3	
es109	9 System valve dead space (ml)	Char	3	
es108a	8a Temperature (degrees)	Char	3	
es108b	8b Temperature (scale)	Char	1	
es110a1	10a 1min: Testing done 1=yes, 2=no	Char	1	
es110a2	10a 2min: Testing done 1=yes, 2=no	Char	1	
es110a3	10a 3min: Testing done 1=yes, 2=no	Char	1	
es110a4	10a 4min: Testing done 1=yes, 2=no	Char	1	
es110a5	10a 5min: Testing done 1=yes, 2=no	Char	1	
es110a6	10a 6min: Testing done 1=yes, 2=no	Char	1	
es110a7	10a 7min: Testing done 1=yes, 2=no	Char	1	
es110a8	10a 8min: Testing done 1=yes, 2=no	Char	1	
es110a9	10a 9min: Testing done 1=yes, 2=no	Char	1	
es110a10	10a 10min: Testing done 1=yes, 2=no	Char	1	
es110a11	10a 11min: Testing done 1=yes, 2=no	Char	1	
es110a12	10a 12min: Testing done 1=yes, 2=no	Char	1	
es110a13	10a 13min: Testing done 1=yes, 2=no	Char	1	
es110a14	10a 14min: Testing done 1=yes, 2=no	Char	1	
es110a15	10a 15min: Testing done 1=yes, 2=no	Char	1	
es110a16	10a 16min: Testing done 1=yes, 2=no	Char	1	
es110a17	10a 17min: Testing done 1=yes, 2=no	Char	1	
es110a18	10a 18min: Testing done 1=yes, 2=no	Char	1	
es110a19	10a 19min: Testing done 1=yes, 2=no	Char	1	
es110a20	10a 20min: Testing done 1=yes, 2=no	Char	1	
es110a21	10a 21min: Testing done 1=yes, 2=no	Char	1	
es110a22	10a 22min: Testing done 1=yes, 2=no	Char	1	
es110a23	10a 23min: Testing done 1=yes, 2=no	Char	1	
es110a24	10a 24min: Testing done 1=yes, 2=no	Char	1	
es110a25	10a 25min: Testing done 1=yes, 2=no	Char	1	
es110amp	10a 5minMP: Testing done 1=yes, 2=no	Char	1	
es110amx	10a Max: Testing done 1=yes, 2=no	Char	1	
es110aun	10a 3minUp: Testing done 1=yes, 2=no	Char	1	
es110b1	10b 1min: SpO2 (%)	Char	3	
es110b2	10b 2min: SpO2 (%)	Char	3	
es110b3	10b 3min: SpO2 (%)	Char	3	
es110b4	10b 4min: SpO2 (%)	Char	3	
es110b5	10b 5min: SpO2 (%)	Char	3	
es110b6	10b 6min: SpO2 (%)	Char	3	
es110b7	10b 7min: SpO2 (%)	Char	3	
es110b8	10b 8min: SpO2 (%)	Char	3	
es110b9	10b 9min: SpO2 (%)	Char	3	
es110b10	10b 10bin: SpO2 (%)	Char	3	
es110b11	10b 11min: SpO2 (%)	Char	3	
es110b12	10b 12min: SpO2 (%)	Char	3	
es110b13	10b 13min: SpO2 (%)	Char	3	
es110b14	10b 14min: SpO2 (%)	Char	3	
es110b15	10b 15min: SpO2 (%)	Char	3	
es110b16	10b 16min: SpO2 (%)	Char	3	
es110b17	10b 17min: SpO2 (%)	Char	3	
es110b18	10b 18min: SpO2 (%)	Char	3	
es110b19	10b 19min: SpO2 (%)	Char	3	
es110b20	10b 20min: SpO2 (%)	Char	3	
es110b21	10b 21min: SpO2 (%)	Char	3	
es110b22	10b 22min: SpO2 (%)	Char	3	
es110b23	10b 23min: SpO2 (%)	Char	3	
es110b24	10b 24min: SpO2 (%)	Char	3	
es110b25	10b 25min: SpO2 (%)	Char	3	
es110c1	10c 1min: PaO2 (mmHg)	Char	3	

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Variable Name	Variable Label	Type	Variable Length	Format
es110c2	10c 2min: PaO2 (mmHg)	Char	3	
es110c3	10c 3min: PaO2 (mmHg)	Char	3	
es110c4	10c 4min: PaO2 (mmHg)	Char	3	
es110c5	10c 5min: PaO2 (mmHg)	Char	3	
es110c6	10c 6min: PaO2 (mmHg)	Char	3	
es110c7	10c 7min: PaO2 (mmHg)	Char	3	
es110c8	10c 8min: PaO2 (mmHg)	Char	3	
es110c9	10c 9min: PaO2 (mmHg)	Char	3	
es110c10	10c 10cin: PaO2 (mmHg)	Char	3	
es110c11	10c 11min: PaO2 (mmHg)	Char	3	
es110c12	10c 12min: PaO2 (mmHg)	Char	3	
es110c13	10c 13min: PaO2 (mmHg)	Char	3	
es110c14	10c 14min: PaO2 (mmHg)	Char	3	
es110c15	10c 15min: PaO2 (mmHg)	Char	3	
es110c16	10c 16min: PaO2 (mmHg)	Char	3	
es110c17	10c 17min: PaO2 (mmHg)	Char	3	
es110c18	10c 18min: PaO2 (mmHg)	Char	3	
es110c19	10c 19min: PaO2 (mmHg)	Char	3	
es110c20	10c 20min: PaO2 (mmHg)	Char	3	
es110c21	10c 21min: PaO2 (mmHg)	Char	3	
es110c22	10c 22min: PaO2 (mmHg)	Char	3	
es110c23	10c 23min: PaO2 (mmHg)	Char	3	
es110c24	10c 24min: PaO2 (mmHg)	Char	3	
es110c25	10c 25min: PaO2 (mmHg)	Char	3	
es110cmp	10c 5minMP: PaO2 (mmHg)	Char	3	
es110cmx	10c Max: PaO2 (mmHg)	Char	3	
es110cun	10c 3minUp: PaO2 (mmHg)	Char	3	
es110d1	10d 1min: PaCO2 (mmHg)	Char	2	
es110d2	10d 2min: PaCO2 (mmHg)	Char	2	
es110d3	10d 3min: PaCO2 (mmHg)	Char	2	
es110d4	10d 4min: PaCO2 (mmHg)	Char	2	
es110d5	10d 5min: PaCO2 (mmHg)	Char	2	
es110d6	10d 6min: PaCO2 (mmHg)	Char	2	
es110d7	10d 7min: PaCO2 (mmHg)	Char	2	
es110d8	10d 8min: PaCO2 (mmHg)	Char	2	
es110d9	10d 9min: PaCO2 (mmHg)	Char	2	
es110d10	10d 10din: PaCO2 (mmHg)	Char	2	
es110d11	10d 11min: PaCO2 (mmHg)	Char	2	
es110d12	10d 12min: PaCO2 (mmHg)	Char	2	
es110d13	10d 13min: PaCO2 (mmHg)	Char	2	
es110d14	10d 14min: PaCO2 (mmHg)	Char	2	
es110d15	10d 15min: PaCO2 (mmHg)	Char	2	
es110d16	10d 16min: PaCO2 (mmHg)	Char	2	
es110d17	10d 17min: PaCO2 (mmHg)	Char	2	
es110d18	10d 18min: PaCO2 (mmHg)	Char	2	
es110d19	10d 19min: PaCO2 (mmHg)	Char	2	
es110d20	10d 20min: PaCO2 (mmHg)	Char	2	
es110d21	10d 21min: PaCO2 (mmHg)	Char	2	
es110d22	10d 22min: PaCO2 (mmHg)	Char	2	
es110d23	10d 23min: PaCO2 (mmHg)	Char	2	
es110d24	10d 24min: PaCO2 (mmHg)	Char	2	
es110d25	10d 25min: PaCO2 (mmHg)	Char	2	
es110dmp	10d 5minMP: PaCO2 (mmHg)	Char	2	
es110dmx	10d Max: PaCO2 (mmHg)	Char	2	
es110dun	10d 3minUp: PaCO2 (mmHg)	Char	2	
es110e1	10e 1min: pH	Char	3	
es110e2	10e 2min: pH	Char	3	
es110e3	10e 3min: pH	Char	3	

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Variable Name	Variable Label	Type	Variable Length	Format
es110e4	10e 4min: pH	Char	3	
es110e5	10e 5min: pH	Char	3	
es110e6	10e 6min: pH	Char	3	
es110e7	10e 7min: pH	Char	3	
es110e8	10e 8min: pH	Char	3	
es110e9	10e 9min: pH	Char	3	
es110e10	10e 10ein: pH	Char	3	
es110e11	10e 11min: pH	Char	3	
es110e12	10e 12min: pH	Char	3	
es110e13	10e 13min: pH	Char	3	
es110e14	10e 14min: pH	Char	3	
es110e15	10e 15min: pH	Char	3	
es110e16	10e 16min: pH	Char	3	
es110e17	10e 17min: pH	Char	3	
es110e18	10e 18min: pH	Char	3	
es110e19	10e 19min: pH	Char	3	
es110e20	10e 20min: pH	Char	3	
es110e21	10e 21min: pH	Char	3	
es110e22	10e 22min: pH	Char	3	
es110e23	10e 23min: pH	Char	3	
es110e24	10e 24min: pH	Char	3	
es110e25	10e 25min: pH	Char	3	
es110emp	10e 5minMP: pH	Char	3	
es110emx	10e Max: pH	Char	3	
es110eun	10e 3minUp: pH	Char	3	
es110f1	10f 1min: HCO3 (mEq/L)	Char	3	
es110f2	10f 2min: HCO3 (mEq/L)	Char	3	
es110f3	10f 3min: HCO3 (mEq/L)	Char	3	
es110f4	10f 4min: HCO3 (mEq/L)	Char	3	
es110f5	10f 5min: HCO3 (mEq/L)	Char	3	
es110f6	10f 6min: HCO3 (mEq/L)	Char	3	
es110f7	10f 7min: HCO3 (mEq/L)	Char	3	
es110f8	10f 8min: HCO3 (mEq/L)	Char	3	
es110f9	10f 9min: HCO3 (mEq/L)	Char	3	
es110f10	10f 10fin: HCO3 (mEq/L)	Char	3	
es110f11	10f 11min: HCO3 (mEq/L)	Char	3	
es110f12	10f 12min: HCO3 (mEq/L)	Char	3	
es110f13	10f 13min: HCO3 (mEq/L)	Char	3	
es110f14	10f 14min: HCO3 (mEq/L)	Char	3	
es110f15	10f 15min: HCO3 (mEq/L)	Char	3	
es110f16	10f 16min: HCO3 (mEq/L)	Char	3	
es110f17	10f 17min: HCO3 (mEq/L)	Char	3	
es110f18	10f 18min: HCO3 (mEq/L)	Char	3	
es110f19	10f 19min: HCO3 (mEq/L)	Char	3	
es110f20	10f 20min: HCO3 (mEq/L)	Char	3	
es110f21	10f 21min: HCO3 (mEq/L)	Char	3	
es110f22	10f 22min: HCO3 (mEq/L)	Char	3	
es110f23	10f 23min: HCO3 (mEq/L)	Char	3	
es110f24	10f 24min: HCO3 (mEq/L)	Char	3	
es110f25	10f 25min: HCO3 (mEq/L)	Char	3	
es110fmp	10f 5minMP: HCO3 (mEq/L)	Char	3	
es110fmx	10f Max: HCO3 (mEq/L)	Char	3	
es110fun	10f 3minUp: HCO3 (mEq/L)	Char	3	
es110g1	10g 1min: +/- BE	Char	4	
es110g2	10g 2min: +/- BE	Char	4	
es110g3	10g 3min: +/- BE	Char	4	
es110g4	10g 4min: +/- BE	Char	4	
es110g5	10g 5min: +/- BE	Char	4	

ES - Form ES Exercise ABG Substudy Testing (rev 1)

Date file created: 13 May 2006
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Variables: 535

Variable Name	Variable Label	Type	Variable Length	Format
es110g6	10g 6min: +/- BE	Char	4	
es110g7	10g 7min: +/- BE	Char	4	
es110g8	10g 8min: +/- BE	Char	4	
es110g9	10g 9min: +/- BE	Char	4	
es110g10	10g 10gin: +/- BE	Char	4	
es110g11	10g 11min: +/- BE	Char	4	
es110g12	10g 12min: +/- BE	Char	4	
es110g13	10g 13min: +/- BE	Char	4	
es110g14	10g 14min: +/- BE	Char	4	
es110g15	10g 15min: +/- BE	Char	4	
es110g16	10g 16min: +/- BE	Char	4	
es110g17	10g 17min: +/- BE	Char	4	
es110g18	10g 18min: +/- BE	Char	4	
es110g19	10g 19min: +/- BE	Char	4	
es110g20	10g 20min: +/- BE	Char	4	
es110g21	10g 21min: +/- BE	Char	4	
es110g22	10g 22min: +/- BE	Char	4	
es110g23	10g 23min: +/- BE	Char	4	
es110g24	10g 24min: +/- BE	Char	4	
es110g25	10g 25min: +/- BE	Char	4	
es110gmp	10g 5minMP: +/- BE	Char	4	
es110gmx	10g Max: +/- BE	Char	4	
es110gun	10g 3minUp: +/- BE	Char	4	
es110h1	10h 1min: SaO2 (%)	Char	3	
es110h2	10h 2min: SaO2 (%)	Char	3	
es110h3	10h 3min: SaO2 (%)	Char	3	
es110h4	10h 4min: SaO2 (%)	Char	3	
es110h5	10h 5min: SaO2 (%)	Char	3	
es110h6	10h 6min: SaO2 (%)	Char	3	
es110h7	10h 7min: SaO2 (%)	Char	3	
es110h8	10h 8min: SaO2 (%)	Char	3	
es110h9	10h 9min: SaO2 (%)	Char	3	
es110h10	10h 10hin: SaO2 (%)	Char	3	
es110h11	10h 11min: SaO2 (%)	Char	3	
es110h12	10h 12min: SaO2 (%)	Char	3	
es110h13	10h 13min: SaO2 (%)	Char	3	
es110h14	10h 14min: SaO2 (%)	Char	3	
es110h15	10h 15min: SaO2 (%)	Char	3	
es110h16	10h 16min: SaO2 (%)	Char	3	
es110h17	10h 17min: SaO2 (%)	Char	3	
es110h18	10h 18min: SaO2 (%)	Char	3	
es110h19	10h 19min: SaO2 (%)	Char	3	
es110h20	10h 20min: SaO2 (%)	Char	3	
es110h21	10h 21min: SaO2 (%)	Char	3	
es110h22	10h 22min: SaO2 (%)	Char	3	
es110h23	10h 23min: SaO2 (%)	Char	3	
es110h24	10h 24min: SaO2 (%)	Char	3	
es110h25	10h 25min: SaO2 (%)	Char	3	
es110hmp	10h 5minMP: SaO2 (%)	Char	3	
es110hmx	10h Max: SaO2 (%)	Char	3	
es110hun	10h 3minUp: SaO2 (%)	Char	3	
es110i1	10i 1min: FeCO2 (fraction)	Char	4	
es110i2	10i 2min: FeCO2 (fraction)	Char	4	
es110i3	10i 3min: FeCO2 (fraction)	Char	4	
es110i4	10i 4min: FeCO2 (fraction)	Char	4	
es110i5	10i 5min: FeCO2 (fraction)	Char	4	
es110i6	10i 6min: FeCO2 (fraction)	Char	4	
es110i7	10i 7min: FeCO2 (fraction)	Char	4	

ES - Form ES Exercise ABG Substudy Testing (rev 1)

Date file created: 13 May 2006
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Variable Name	Variable Label	Type	Variable Length	Format
es110i8	10i 8min: FeCO2 (fraction)	Char	4	
es110i9	10i 9min: FeCO2 (fraction)	Char	4	
es110i10	10i 10min: FeCO2 (fraction)	Char	4	
es110i11	10i 11min: FeCO2 (fraction)	Char	4	
es110i12	10i 12min: FeCO2 (fraction)	Char	4	
es110i13	10i 13min: FeCO2 (fraction)	Char	4	
es110i14	10i 14min: FeCO2 (fraction)	Char	4	
es110i15	10i 15min: FeCO2 (fraction)	Char	4	
es110i16	10i 16min: FeCO2 (fraction)	Char	4	
es110i17	10i 17min: FeCO2 (fraction)	Char	4	
es110i18	10i 18min: FeCO2 (fraction)	Char	4	
es110i19	10i 19min: FeCO2 (fraction)	Char	4	
es110i20	10i 20min: FeCO2 (fraction)	Char	4	
es110i21	10i 21min: FeCO2 (fraction)	Char	4	
es110i22	10i 22min: FeCO2 (fraction)	Char	4	
es110i23	10i 23min: FeCO2 (fraction)	Char	4	
es110i24	10i 24min: FeCO2 (fraction)	Char	4	
es110i25	10i 25min: FeCO2 (fraction)	Char	4	
es110imp	10i 5minMP: FeCO2 (fraction)	Char	4	
es110imx	10i Max: FeCO2 (fraction)	Char	4	
es110iun	10i 3minUp: FeCO2 (fraction)	Char	4	
es110j1	10j 1min: Ve (BTPS;L/min)	Char	3	
es110j2	10j 2min: Ve (BTPS;L/min)	Char	3	
es110j3	10j 3min: Ve (BTPS;L/min)	Char	3	
es110j4	10j 4min: Ve (BTPS;L/min)	Char	3	
es110j5	10j 5min: Ve (BTPS;L/min)	Char	3	
es110j6	10j 6min: Ve (BTPS;L/min)	Char	3	
es110j7	10j 7min: Ve (BTPS;L/min)	Char	3	
es110j8	10j 8min: Ve (BTPS;L/min)	Char	3	
es110j9	10j 9min: Ve (BTPS;L/min)	Char	3	
es110j10	10j 10jin: Ve (BTPS;L/min)	Char	3	
es110j11	10j 11min: Ve (BTPS;L/min)	Char	3	
es110j12	10j 12min: Ve (BTPS;L/min)	Char	3	
es110j13	10j 13min: Ve (BTPS;L/min)	Char	3	
es110j14	10j 14min: Ve (BTPS;L/min)	Char	3	
es110j15	10j 15min: Ve (BTPS;L/min)	Char	3	
es110j16	10j 16min: Ve (BTPS;L/min)	Char	3	
es110j17	10j 17min: Ve (BTPS;L/min)	Char	3	
es110j18	10j 18min: Ve (BTPS;L/min)	Char	3	
es110j19	10j 19min: Ve (BTPS;L/min)	Char	3	
es110j20	10j 20min: Ve (BTPS;L/min)	Char	3	
es110j21	10j 21min: Ve (BTPS;L/min)	Char	3	
es110j22	10j 22min: Ve (BTPS;L/min)	Char	3	
es110j23	10j 23min: Ve (BTPS;L/min)	Char	3	
es110j24	10j 24min: Ve (BTPS;L/min)	Char	3	
es110j25	10j 25min: Ve (BTPS;L/min)	Char	3	
es110k1	10k 1min: Vt (BTPS,L)	Char	4	
es110k2	10k 2min: Vt (BTPS,L)	Char	4	
es110k3	10k 3min: Vt (BTPS,L)	Char	4	
es110k4	10k 4min: Vt (BTPS,L)	Char	4	
es110k5	10k 5min: Vt (BTPS,L)	Char	4	
es110k6	10k 6min: Vt (BTPS,L)	Char	4	
es110k7	10k 7min: Vt (BTPS,L)	Char	4	
es110k8	10k 8min: Vt (BTPS,L)	Char	4	
es110k9	10k 9min: Vt (BTPS,L)	Char	4	
es110k10	10k 10min: Vt (BTPS,L)	Char	4	
es110k11	10k 11min: Vt (BTPS,L)	Char	4	
es110k12	10k 12min: Vt (BTPS,L)	Char	4	

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Variable Name	Variable Label	Type	Variable Length	Format
es110k13	10k 13min: Vt (BTPS,L)	Char	4	
es110k14	10k 14min: Vt (BTPS,L)	Char	4	
es110k15	10k 15min: Vt (BTPS,L)	Char	4	
es110k16	12k 16min: Vt (BTPS,L)	Char	4	
es110k17	12k 17min: Vt (BTPS,L)	Char	4	
es110k18	12k 18min: Vt (BTPS,L)	Char	4	
es110k19	12k 19min: Vt (BTPS,L)	Char	4	
es110k20	12k 20min: Vt (BTPS,L)	Char	4	
es110k21	12k 21min: Vt (BTPS,L)	Char	4	
es110k22	12k 22min: Vt (BTPS,L)	Char	4	
es110k23	12k 23min: Vt (BTPS,L)	Char	4	
es110k24	12k 24min: Vt (BTPS,L)	Char	4	
es110k25	12k 25min: Vt (BTPS,L)	Char	4	
es110l1	10l 1min: V CO2 (STDP;L/min)	Char	4	
es110l2	10l 2min: V CO2 (STDP;L/min)	Char	4	
es110l3	10l 3min: V CO2 (STDP;L/min)	Char	4	
es110l4	10l 4min: V CO2 (STDP;L/min)	Char	4	
es110l5	10l 5min: V CO2 (STDP;L/min)	Char	4	
es110l6	10l 6min: V CO2 (STDP;L/min)	Char	4	
es110l7	10l 7min: V CO2 (STDP;L/min)	Char	4	
es110l8	10l 8min: V CO2 (STDP;L/min)	Char	4	
es110l9	10l 9min: V CO2 (STDP;L/min)	Char	4	
es110l10	10l 10min: V CO2 (STDP;L/min)	Char	4	
es110l11	10l 11min: V CO2 (STDP;L/min)	Char	4	
es110l12	10l 12min: V CO2 (STDP;L/min)	Char	4	
es110l13	10l 13min: V CO2 (STDP;L/min)	Char	4	
es110l14	10l 14min: V CO2 (STDP;L/min)	Char	4	
es110l15	10l 15min: V CO2 (STDP;L/min)	Char	4	
es110l16	10l 16min: V CO2 (STDP;L/min)	Char	4	
es110l17	10l 17min: V CO2 (STDP;L/min)	Char	4	
es110l18	10l 18min: V CO2 (STDP;L/min)	Char	4	
es110l19	10l 19min: V CO2 (STDP;L/min)	Char	4	
es110l20	10l 20min: V CO2 (STDP;L/min)	Char	4	
es110l21	10l 21min: V CO2 (STDP;L/min)	Char	4	
es110l22	10l 22min: V CO2 (STDP;L/min)	Char	4	
es110l23	10l 23min: V CO2 (STDP;L/min)	Char	4	
es110l24	10l 24min: V CO2 (STDP;L/min)	Char	4	
es110l25	10l 25min: V CO2 (STDP;L/min)	Char	4	
es110m1	10m 1min: VO2 (STDP;L/min)	Char	4	
es110m2	10m 2min: VO2 (STDP;L/min)	Char	4	
es110m3	10m 3min: VO2 (STDP;L/min)	Char	4	
es110m4	10m 4min: VO2 (STDP;L/min)	Char	4	
es110m5	10m 5min: VO2 (STDP;L/min)	Char	4	
es110m6	10m 6min: VO2 (STDP;L/min)	Char	4	
es110m7	10m 7min: VO2 (STDP;L/min)	Char	4	
es110m8	10m 8min: VO2 (STDP;L/min)	Char	4	
es110m9	10m 9min: VO2 (STDP;L/min)	Char	4	
es110m10	10m 10min: VO2 (STDP;L/min)	Char	4	
es110m11	10m 11min: VO2 (STDP;L/min)	Char	4	
es110m12	10m 12min: VO2 (STDP;L/min)	Char	4	
es110m13	10m 13min: VO2 (STDP;L/min)	Char	4	
es110m14	10m 14min: VO2 (STDP;L/min)	Char	4	
es110m15	10m 15min: VO2 (STDP;L/min)	Char	4	
es110m16	10m 16min: VO2 (STDP;L/min)	Char	4	
es110m17	10m 17min: VO2 (STDP;L/min)	Char	4	
es110m18	10m 18min: VO2 (STDP;L/min)	Char	4	
es110m19	10m 19min: VO2 (STDP;L/min)	Char	4	
es110m20	10m 20min: VO2 (STDP;L/min)	Char	4	

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Variable Name	Variable Label	Type	Variable Length	Format
es110m21	10m 21min: VO2 (STDP;L/min)	Char	4	
es110m22	10m 22min: VO2 (STDP;L/min)	Char	4	
es110m23	10m 23min: VO2 (STDP;L/min)	Char	4	
es110m24	10m 24min: VO2 (STDP;L/min)	Char	4	
es110m25	10m 25min: VO2 (STDP;L/min)	Char	4	
es110mmp	10m 5minMP: VO2 (STDP;L/min)	Char	4	
es110mmx	10m Max: VO2 (STDP;L/min)	Char	4	
es110mun	10m 3minUp: VO2 (STDP;L/min)	Char	4	
es110n1	10n 1min: Heart rate (beats/min)	Char	3	
es110n2	10n 2min: Heart rate (beats/min)	Char	3	
es110n3	10n 3min: Heart rate (beats/min)	Char	3	
es110n4	10n 4min: Heart rate (beats/min)	Char	3	
es110n5	10n 5min: Heart rate (beats/min)	Char	3	
es110n6	10n 6min: Heart rate (beats/min)	Char	3	
es110n7	10n 7min: Heart rate (beats/min)	Char	3	
es110n8	10n 8min: Heart rate (beats/min)	Char	3	
es110n9	10n 9min: Heart rate (beats/min)	Char	3	
es110n10	10n 10nin: Heart rate (beats/min)	Char	3	
es110n11	10n 11min: Heart rate (beats/min)	Char	3	
es110n12	10n 12min: Heart rate (beats/min)	Char	3	
es110n13	10n 13min: Heart rate (beats/min)	Char	3	
es110n14	10n 14min: Heart rate (beats/min)	Char	3	
es110n15	10n 15min: Heart rate (beats/min)	Char	3	
es110n16	10n 16min: Heart rate (beats/min)	Char	3	
es110n17	10n 17min: Heart rate (beats/min)	Char	3	
es110n18	10n 18min: Heart rate (beats/min)	Char	3	
es110n19	10n 19min: Heart rate (beats/min)	Char	3	
es110n20	10n 20min: Heart rate (beats/min)	Char	3	
es110n21	10n 21min: Heart rate (beats/min)	Char	3	
es110n22	10n 22min: Heart rate (beats/min)	Char	3	
es110n23	10n 23min: Heart rate (beats/min)	Char	3	
es110n24	10n 24min: Heart rate (beats/min)	Char	3	
es110n25	10n 25min: Heart rate (beats/min)	Char	3	
es110o1	10o 1min: Respiratory rate	Char	2	
es110o2	10o 2min: Respiratory rate	Char	2	
es110o3	10o 3min: Respiratory rate	Char	2	
es110o4	10o 4min: Respiratory rate	Char	2	
es110o5	10o 5min: Respiratory rate	Char	2	
es110o6	10o 6min: Respiratory rate	Char	2	
es110o7	10o 7min: Respiratory rate	Char	2	
es110o8	10o 8min: Respiratory rate	Char	2	
es110o9	10o 9min: Respiratory rate	Char	2	
es110o10	10o 10oin: Respiratory rate	Char	2	
es110o11	10o 11min: Respiratory rate	Char	2	
es110o12	10o 12min: Respiratory rate	Char	2	
es110o13	10o 13min: Respiratory rate	Char	2	
es110o14	10o 14min: Respiratory rate	Char	2	
es110o15	10o 15min: Respiratory rate	Char	2	
es110o16	10o 16min: Respiratory rate	Char	2	
es110o17	10o 17min: Respiratory rate	Char	2	
es110o18	10o 18min: Respiratory rate	Char	2	
es110o19	10o 19min: Respiratory rate	Char	2	
es110o20	10o 20min: Respiratory rate	Char	2	
es110o21	10o 21min: Respiratory rate	Char	2	
es110o22	10o 22min: Respiratory rate	Char	2	
es110o23	10o 23min: Respiratory rate	Char	2	
es110o24	10o 24min: Respiratory rate	Char	2	
es110o25	10o 25min: Respiratory rate	Char	2	

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Variable Name	Variable Label	Type	Variable Length	Format
es110p1	10p 1min: SBP (mm Hg)	Char	3	
es110p2	10p 2min: SBP (mm Hg)	Char	3	
es110p3	10p 3min: SBP (mm Hg)	Char	3	
es110p4	10p 4min: SBP (mm Hg)	Char	3	
es110p5	10p 5min: SBP (mm Hg)	Char	3	
es110p6	10p 6min: SBP (mm Hg)	Char	3	
es110p7	10p 7min: SBP (mm Hg)	Char	3	
es110p8	10p 8min: SBP (mm Hg)	Char	3	
es110p9	10p 9min: SBP (mm Hg)	Char	3	
es110p10	10p 10pin: SBP (mm Hg)	Char	3	
es110p11	10p 11min: SBP (mm Hg)	Char	3	
es110p12	10p 12min: SBP (mm Hg)	Char	3	
es110p13	10p 13min: SBP (mm Hg)	Char	3	
es110p14	10p 14min: SBP (mm Hg)	Char	3	
es110p15	10p 15min: SBP (mm Hg)	Char	3	
es110p16	10p 16min: SBP (mm Hg)	Char	3	
es110p17	10p 17min: SBP (mm Hg)	Char	3	
es110p18	10p 18min: SBP (mm Hg)	Char	3	
es110p19	10p 19min: SBP (mm Hg)	Char	3	
es110p20	10p 20min: SBP (mm Hg)	Char	3	
es110p21	10p 21min: SBP (mm Hg)	Char	3	
es110p22	10p 22min: SBP (mm Hg)	Char	3	
es110p23	10p 23min: SBP (mm Hg)	Char	3	
es110p24	10p 24min: SBP (mm Hg)	Char	3	
es110p25	10p 25min: SBP (mm Hg)	Char	3	
es110q1	10q 1min: DBP (mm Hg)	Char	3	
es110q2	10q 2min: DBP (mm Hg)	Char	3	
es110q3	10q 3min: DBP (mm Hg)	Char	3	
es110q4	10q 4min: DBP (mm Hg)	Char	3	
es110q5	10q 5min: DBP (mm Hg)	Char	3	
es110q6	10q 6min: DBP (mm Hg)	Char	3	
es110q7	10q 7min: DBP (mm Hg)	Char	3	
es110q8	10q 8min: DBP (mm Hg)	Char	3	
es110q9	10q 9min: DBP (mm Hg)	Char	3	
es110q10	10q 10qin: DBP (mm Hg)	Char	3	
es110q11	10q 11min: DBP (mm Hg)	Char	3	
es110q12	10q 12min: DBP (mm Hg)	Char	3	
es110q13	10q 13min: DBP (mm Hg)	Char	3	
es110q14	10q 14min: DBP (mm Hg)	Char	3	
es110q15	10q 15min: DBP (mm Hg)	Char	3	
es110q16	10q 16min: DBP (mm Hg)	Char	3	
es110q17	10q 17min: DBP (mm Hg)	Char	3	
es110q18	10q 18min: DBP (mm Hg)	Char	3	
es110q19	10q 19min: DBP (mm Hg)	Char	3	
es110q20	10q 20min: DBP (mm Hg)	Char	3	
es110q21	10q 21min: DBP (mm Hg)	Char	3	
es110q22	10q 22min: DBP (mm Hg)	Char	3	
es110q23	10q 23min: DBP (mm Hg)	Char	3	
es110q24	10q 24min: DBP (mm Hg)	Char	3	
es110q25	10q 25min: DBP (mm Hg)	Char	3	
es110r1	10r 1min: Borg (breathlessness)	Char	3	
es110r2	10r 2min: Borg (breathlessness)	Char	3	
es110r3	10r 3min: Borg (breathlessness)	Char	3	
es110r4	10r 4min: Borg (breathlessness)	Char	3	
es110r5	10r 5min: Borg (breathlessness)	Char	3	
es110r6	10r 6min: Borg (breathlessness)	Char	3	
es110r7	10r 7min: Borg (breathlessness)	Char	3	
es110r8	10r 8min: Borg (breathlessness)	Char	3	

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Variable Name	Variable Label	Type	Variable Length	Format
es110r9	10r 9min: Borg (breathlessness)	Char	3	
es110r10	10r 10rin: Borg (breathlessness)	Char	3	
es110r11	10r 11min: Borg (breathlessness)	Char	3	
es110r12	10r 12min: Borg (breathlessness)	Char	3	
es110r13	10r 13min: Borg (breathlessness)	Char	3	
es110r14	10r 14min: Borg (breathlessness)	Char	3	
es110r15	10r 15min: Borg (breathlessness)	Char	3	
es110r16	10r 16min: Borg (breathlessness)	Char	3	
es110r17	10r 17min: Borg (breathlessness)	Char	3	
es110r18	10r 18min: Borg (breathlessness)	Char	3	
es110r19	10r 19min: Borg (breathlessness)	Char	3	
es110r20	10r 20min: Borg (breathlessness)	Char	3	
es110r21	10r 21min: Borg (breathlessness)	Char	3	
es110r22	10r 22min: Borg (breathlessness)	Char	3	
es110r23	10r 23min: Borg (breathlessness)	Char	3	
es110r24	10r 24min: Borg (breathlessness)	Char	3	
es110r25	10r 25min: Borg (breathlessness)	Char	3	
es110s1	10s 1min: Borg (leg muscle fatigue)	Char	3	
es110s2	10s 2min: Borg (leg muscle fatigue)	Char	3	
es110s3	10s 3min: Borg (leg muscle fatigue)	Char	3	
es110s4	10s 4min: Borg (leg muscle fatigue)	Char	3	
es110s5	10s 5min: Borg (leg muscle fatigue)	Char	3	
es110s6	10s 6min: Borg (leg muscle fatigue)	Char	3	
es110s7	10s 7min: Borg (leg muscle fatigue)	Char	3	
es110s8	10s 8min: Borg (leg muscle fatigue)	Char	3	
es110s9	10s 9min: Borg (leg muscle fatigue)	Char	3	
es110s10	10s 10sin: Borg (leg muscle fatigue)	Char	3	
es110s11	10s 11min: Borg (leg muscle fatigue)	Char	3	
es110s12	10s 12min: Borg (leg muscle fatigue)	Char	3	
es110s13	10s 13min: Borg (leg muscle fatigue)	Char	3	
es110s14	10s 14min: Borg (leg muscle fatigue)	Char	3	
es110s15	10s 15min: Borg (leg muscle fatigue)	Char	3	
es110s16	10s 16min: Borg (leg muscle fatigue)	Char	3	
es110s17	10s 17min: Borg (leg muscle fatigue)	Char	3	
es110s18	10s 18min: Borg (leg muscle fatigue)	Char	3	
es110s19	10s 19min: Borg (leg muscle fatigue)	Char	3	
es110s20	10s 20min: Borg (leg muscle fatigue)	Char	3	
es110s21	10s 21min: Borg (leg muscle fatigue)	Char	3	
es110s22	10s 22min: Borg (leg muscle fatigue)	Char	3	
es110s23	10s 23min: Borg (leg muscle fatigue)	Char	3	
es110s24	10s 24min: Borg (leg muscle fatigue)	Char	3	
es110s25	10s 25min: Borg (leg muscle fatigue)	Char	3	
es110t1	10t 1min: Load (watts)	Char	3	
es110t2	10t 2min: Load (watts)	Char	3	
es110t3	10t 3min: Load (watts)	Char	3	
es110t4	10t 4min: Load (watts)	Char	3	
es110t5	10t 5min: Load (watts)	Char	3	
es110t6	10t 6min: Load (watts)	Char	3	
es110t7	10t 7min: Load (watts)	Char	3	
es110t8	10t 8min: Load (watts)	Char	3	
es110t9	10t 9min: Load (watts)	Char	3	
es110t10	10t 10tin: Load (watts)	Char	3	
es110t11	10t 11min: Load (watts)	Char	3	
es110t12	10t 12min: Load (watts)	Char	3	
es110t13	10t 13min: Load (watts)	Char	3	
es110t14	10t 14min: Load (watts)	Char	3	
es110t15	10t 15min: Load (watts)	Char	3	
es110t16	10t 16min: Load (watts)	Char	3	

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Variable Name	Variable Label	Type	Variable Length	Format
es110t17	10t 17min: Load (watts)	Char	3	
es110t18	10t 18min: Load (watts)	Char	3	
es110t19	10t 19min: Load (watts)	Char	3	
es110t20	10t 20min: Load (watts)	Char	3	
es110t21	10t 21min: Load (watts)	Char	3	
es110t22	10t 22min: Load (watts)	Char	3	
es110t23	10t 23min: Load (watts)	Char	3	
es110t24	10t 24min: Load (watts)	Char	3	
es110t25	10t 25min: Load (watts)	Char	3	
form	Form abreviation and revision number	Char	4	
formdate	# 4 cnvrtd to #days from RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Exercise ABG Substudy Testing

Purpose: To record ABG Exercise Substudy data.
When: Visits s1 or s2 (there must be an assessment no more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days after the s3 test), f06, f12, f24, f36, f48, and f60.
Administered by: Substudy staff and Clinic Coordinator.
Instructions: This form supplements form EW for recording the additional data required by the Exercise ABG Substudy. It does not replace form EW for substudy patients. Form EW is required for all substudy patients. Attach PFT laboratory report and ABG report.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code:

____ ____ ____ ____ ____

4. Visit date *(date of exercise test)*:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit code: ____ ____ ____

6. Form and revision: **e s 1**

B. Test session

7. Barometric pressure: ____ ____ ____
mmHg

8. Temperature

a. Degrees: ____ ____ ____

b. Scale:
°C (1)
°F (2)

9. System (valve) dead space (V_D):

____ ____ ____
ml

C. Test session

10. Data

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity		5 min on mouth-piece	3 min unloaded	1 min	2 min	3 min	4 min	5 min	6 min	7 min	8 min
a. Was testing done? *(key Yes=1, No=2)*		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
b. SpO_2 (%)	XXX	N/A	N/A								
c. PaO_2 (mmHg)	XXX										
d. $PaCO_2$ (mmHg)	XX										
e. pH	X.XX										
f. HCO_3 (mEq/L)	XX.X										
g. BE	± XX.X										
h. SaO_2 (%)	XX.X										
i. $FeCO_2$ (fraction)	X.XXX										
j. $\dot{V}e$ (BTPS; L/min)	XX.X	N/A	N/A								

10. Data (cont'd)

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity		5 min on mouth-piece	3 min unloaded	1 min	2 min	3 min	4 min	5 min	6 min	7 min	8 min
k. Vt (BTPS; L)	X.XXX	N/A	N/A								
l. $\dot{V}CO_2$ (STPD; L/min)	X.XXX	N/A	N/A								
m. VO_2 (STPD; L/min)	X.XXX										
n. Heart rate (beats/min)	XXX	N/A	N/A								
o. Respiratory rate (breaths/min)	XX	N/A	N/A								
p. Systolic blood pressure (mmHg)	XXX	N/A	N/A								
q. Diastolic blood pressure (mmHg)	XXX	N/A	N/A								
r. Borg (breathlessness)	XX.X	N/A	N/A								
s. Borg (leg muscle fatigue)	XX.X	N/A	N/A								
t. Load (watts)	XXX	N/A	N/A								

10. Data (cont'd)

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity		9 min	10 min	11 min	12 min	13 min	14 min	15 min	16 min	17 min	18 min
a. Was testing done? *(key Yes=1, No=2)*		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
b. SpO_2 (%)	XXX										
c. PaO_2 (mmHg)	XXX										
d. $PaCO_2$ (mmHg)	XX										
e. pH	X.XX										
f. HCO_3 (mEq/L)	XX.X										
g. BE	± XX.X										
h. SaO_2 (%)	XX.X										
i. $FeCO_2$ (fraction)	X.XXX										
j. $\dot{V}e$ (BTPS; L/min)	XX.X										

10. Data (cont'd)

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity	9 min	10 min	11 min	12 min	13 min	14 min	15 min	16 min	17 min	18 min
k. Vt (BTPS; L) X.XXX										
l. $\dot{V}CO_2$ (STPD; L/min) X.XXX										
m. VO_2 (STPD; L/min) X.XXX										
n. Heart rate (beats/min) XXX										
o. Respiratory rate (breaths/min) XX										
p. Systolic blood pressure (mmHg) XXX										
q. Diastolic blood pressure (mmHg) XXX										
r. Borg (breathlessness) XX.X										
s. Borg (leg muscle fatigue) XX.X										
t. Load (watts) XXX										

10. Data (cont'd)

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity	19 min	20 min	21 min	22 min	23 min	24 min	25 min	Maximum
a. Was testing done? *(key Yes=1, No=2)*	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
b. SpO_2 (%) XXX								N/A
c. PaO_2 (mmHg) XXX								
d. $PaCO_2$ (mmHg) XX								
e. pH X.XX								
f. HCO_3 (mEq/L) XX.X								
g. BE ± XX.X								
h. SaO_2 (%) XX.X								
i. $FeCO_2$ (fraction) X.XXX								
j. $\dot{V}e$ (BTPS; L/min) XX.X								N/A

Quantity		19 min	20 min	21 min	22 min	23 min	24 min	25 min	Maximum
k. Vt (BTPS; L)	X.XXX								N/A
l. $\dot{V}CO_2$ (STPD; L/min)	X.XXX								N/A
m. VO_2 (STPD; L/min)	X.XXX								
n. Heart rate (beats/min)	XXX								N/A
o. Respiratory rate (breaths/min)	XX								N/A
p. Systolic blood pressure (mmHg)	XXX								N/A
q. Diastolic blood pressure (mmHg)	XXX								N/A
r. Borg (breathlessness)	XX.X								N/A
s. Borg (leg muscle fatigue)	XX.X								N/A
t. Load (watts)	XXX								N/A

D. Administrative information

11. Pulmonary Function Coordinator PIN:

____ ____ ____

12. Pulmonary Function Coordinator signature:

_____

13. Clinic Coordinator PIN: ____ ____ ____

14. Clinic Coordinator signature:

_____

15. Date form reviewed:

____ ____-____ ____ ____-____ ____
day mon year

EW - Form EW Exercise Testing (rev 1)

Date file created: 13 May 2006
Observations: 6292
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
ew108	8 Initial s1/s2 exercise test session?	Char	1	
ew109	9 Initial s1/s2 post BD MVV (L/min BTP	Char	4	
ew110	10 Ramp rate for exercise test	Char	1	
ew111	11 2+ hours since last meal	Char	1	
ew112	Bronchodilator in past 4 hours	Char	1	
ew113	13 Pulse oximeter manufacturer/model	Char	1	
ew114	14 Pulse oximeter ECG-gated	Char	1	
ew115	15 Pulse oximeter probe site	Char	1	
ew117	17 Staff terminated test before end	Char	1	
ew120	20 Pre-randomization assessment	Char	1	
ew121	21 Exercise test reason for exclusion	Char	1	
ew116a1	16 5 min rest: test completed	Char	1	
ew116a2	16 3 min unloaded: test completed	Char	1	
ew116a3	16 Maximum: test completed	Char	1	
ew116b3	16 Maximum: ramp rate	Char	2	
ew116c1	16 5 min rest: SpO2 (%)	Char	3	
ew116c2	16 3 min unloaded: SpO2 (%)	Char	3	
ew116c3	16 Maximum: SpO2 (%)	Char	3	
ew116d1	16 5 min rest: Ve (BTPS, L/min)	Char	3	
ew116d2	16 3 min unloaded: Ve (BTPS, L/min)	Char	3	
ew116d3	16 Maximum: Ve (BTPS, L/min)	Char	3	
ew116e1	16 5 min rest: Vt (BTPS, L)	Char	3	
ew116e2	16 3 min unloaded: Vt (BTPS, L)	Char	3	
ew116e3	16 Maximum: Vt (BTPS, L)	Char	3	
ew116f1	16 5 min rest: VCO2 (STPD, L/min)	Char	4	
ew116f2	16 3 min unloaded: VCO2 (STPD, L/min)	Char	4	
ew116f3	16 Maximum: VCO2 (STPD, L/min)	Char	4	
ew116g1	16 5 min rest: heart rate (beats/min)	Char	3	
ew116g2	16 3 min unloaded: heart rate (beats/mi	Char	3	
ew116g3	16 Maximum: heart rate (beats/min)	Char	3	
ew116h1	16 5 min rest: respiratory rate (breath	Char	2	
ew116h2	16 3 min unloaded: respiratory rate (br	Char	2	
ew116h3	16 Maximum: respiratory rate (breaths/m	Char	2	
ew116i1	16 5 min rest: systolic BP (mmHg)	Char	3	
ew116i2	16 3 min unloaded: systolic BP (mmHg)	Char	3	
ew116i3	16 Maximum: systolic BP (mmHg)	Char	3	
ew116j1	16 5 min rest: diastolic BP (mmHg)	Char	3	
ew116j2	16 3 min unloaded: diastolic BP (mmHg)	Char	3	
ew116j3	16 Maximum: diastolic BP (mmHg)	Char	3	
ew116k1	16 5 min rest: Borg breathlessness	Char	3	
ew116k2	16 3 min unloaded: Borg breathlessness	Char	3	
ew116k3	16 Maximum: Borg breathlessness	Char	3	
ew116l1	16 5 min rest: Borg leg muscle fatigue	Char	3	
ew116l2	16 3 min unloaded: Borg leg muscle fati	Char	3	
ew116l3	16 Maximum: Borg leg muscle fatigue	Char	3	
ew116n	16 BP measured by transducer or cuff	Char	1	
ew118a	18a Cadence dropped <40 rpm	Char	1	
ew118b	18b Mental confusion	Char	1	
ew118c	18c EKG arrhythmia	Char	1	
ew118d	18d EKG ischemia	Char	1	
ew118e	18e Elevated blood pressure	Char	1	
ew118f	18f Low blood pressure	Char	1	
ew118g	18g Other reason for termination	Char	1	
ew119a	19a Dyspnea or SOB	Char	1	
ew119b	19b Dizziness or lightheadedness	Char	1	
ew119c	19c Chest pain	Char	1	
ew119d	19d Leg fatigue	Char	1	
ew119e	19e Leg cramps or leg pain	Char	1	

EW - Form EW Exercise Testing (rev 1)

Date file created: 13 May 2006
Observations: 6292
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
ew119f	19f Other reason for termination	Char	1	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days from RZ/scr strt	Num	8	
maxwk	Maximum: load (watts)	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Exercise Testing

This form is used for non Exercise ABG Substudy patients.

Purpose: To guide technician in completion of maximum exercise testing and to record data.

When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days after the s3 test), f06, f12, f18, f24, f36, f48, and f60.

Administered by: PFT laboratory staff, Pulmonary Function Coordinator, and Clinic Coordinator.

Instructions: All patients will use supplemental oxygen (FiO_2=0.3) during exercise testing. **Initial exercise test:** Ramp rate is determined from post BD MVV. **All subsequent exercise tests:** Use the ramp rate used at the initial NETT exercise test. **All exercise tests:** If patient and staff member terminate the test simultaneously, the staff member's reason for termination takes precedence over the patient's (ie, record only the staff member's reason for termination). Attach report from PFT laboratory.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date *(date of exercise test)*:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: _____ _____ _____

6. Form and revision: **e w 1**

7. Lab ID:

_____ _____ _____ _____-_____ _____
Clinic ID Lab ID

B. Information needed before starting test *(Complete these items before sending the patient for testing)*

8. Is this the initial (s1/s2) NETT exercise test session:

Yes (1) No (* 2)

→ **10.**

*(*Use the ramp rate used for the initial (s1/s2) exercise test session.)*

9. Initial (s1/s2) post bronchodilator MVV:

_____ _____ _____ • _____
L/min BTPS

Note: If post BD MVV ≤ 40.0, ramp=5 watts/min; if post BD MVV > 40.0, ramp=10 watts/min.

10. Ramp rate for exercise test:

5 watts/min (3)
10 watts/min (4)

C. Checks on patient condition

11. Has it been at least 2 hours since the patient last ate a meal:

Yes (1) No (* 2) → Stop

*(*Wait until it has been at least 2 hours since the patient last ate a meal; then check Yes and proceed with testing.)*

12. Has the patient taken a short-acting bronchodilator within 4 hours:

Yes (1) No (* 2) → Stop

*(*Administer short-acting bronchodilator; and then check Yes and proceed with testing after 15 minutes.)*

13. Pulse oximeter manufacturer/model:

Criticare 504 USP	(1)
Nellcor N200	(2)
Ohmeda Biox 3740	(3)
Sensormedic 767501-102	(4)
Other *(specify)*	(5)

_____
manufacturer/model

14. Is pulse oximeter ECG-gated:

Yes	No
(1)	(2)

15. Pulse oximeter probe site:

Finger	(1)
Ear	(2)
Forehead	(3)
Other *(specify)*	(4)

_____
probe site

D. Test session

Instructions (use Form ES if in Exercise ABG substudy):

- Calibrate system with supplemental oxygen in place
- Start patient on oxygen; patient will breath with Venturi mask without mouthpiece or noseclip (31% oxygen)
- Instruct patient on exercise test procedures
- Instruct patient on Borg scale data collection
- Patient rests for 10 minutes in chair
- Transfer patient to cycle; have patient breath on system mouthpiece with noseclip for 5 minutes (FiO_2=0.3)
- Obtain resting values (next to last 20 second average [regardless of duration of rest period]) administer Borg scale for perceived breathlessness and leg muscle fatigue; remind patient that 0 means no breathlessness (leg muscle fatigue) and 10 means the maximum he/she has ever felt
- Technician assists patient in starting (optional)
- Patient performs unloaded pedaling for 3 minutes; patient may pedal at any cadence between 40-70 rpm
- Obtain values for 3 minutes unloaded pedaling (last 20 second average [regardless of duration of unloaded pedaling]); administer Borg scale for perceived breathlessness and leg muscle fatigue; remind patient that 0 means no breathlessness (leg muscle fatigue) and 10 means the maximum he/she has ever felt
- Start ramped portion of test
- Encourage patient at each minute of exercise
- Patient should indicate when he/she is within one minute of maximal exertion by raising his/her finger
- After patient gives 1 minute signal, encourage in 20 second increments
- Test ends when cadence drops below 40 rpm and does not return, when patient requests end, or when staff member terminates test for safety
- Administer Borg scale for perceived breathlessness and leg muscle fatigue; remind patient that 0 means no breathlessness (leg muscle fatigue) and 10 means the maximum he/she has ever felt
- When test ends, transfer patient to chair and place on appropriate oxygen flow
- Maximal watts on the cycle should be recorded when workload is removed; all other maximal data will be from the final 20 second interval unless the $\dot{V}CO_2$ value in the final 20 second interval is an outlier; in that case, choose a representative value of $\dot{V}CO_2$ from the last minute and report values from this 20 second interval
- Note: Patient is ineligible if unable to complete 3 minutes of unloaded pedaling

16. Data

Record values to level of precision indicated at right of column labeled "Quantity".

Quantity		5 min rest on mouthpiece/cycle	3 min unloaded	Maximum
Was testing completed? *(key Yes=1, No=2)*		Yes / No	Yes / No	Yes / No
Ramp rate *(circle one)*		N/A	N/A	05 or 10
SpO_2 (%)	XXX			
$\dot{V}$e (BTPS; L/min)	XX.X			
Vt (BTPS; L)	X.XX			
$\dot{V}CO_2$ (STPD; L/min)	X.XXX			
Heart rate (beats/min)	XXX			
Respiratory rate (breaths/min)	XX			
Systolic blood pressure (mmHg)	XXX			
Diastolic blood pressure (mmHg)	XXX			
Borg (breathlessness)	XX.X			
Borg (leg muscle fatigue)	XX.X			
Load (watts)	XXX	N/A	N/A	
How was blood pressure measured: *key Transducer=1, Cuff=2*			Transducer or Cuff	

17. Did the staff member terminate the test session:

Yes (1) No (2)

19. ◄

18. Reason staff member terminated the test session *(check all that apply)*

- **a.** Cadence dropped below 40 rpm and did not return: (1)
- **b.** Mental confusion: (1)
- **c.** EKG arrhythmia: (1)
- **d.** EKG ischemia: (1)
- **e.** Elevated blood pressure: (1)
- **f.** Low blood pressure: (1)
- **g.** Other (specify): (1)

_____
specify

20. ◄

19. Reason patient terminated the test session *(check all that apply)*

- **a.** Dyspnea or shortness of breath: (1)
- **b.** Dizziness or lightheadedness: (1)
- **c.** Chest pain: (1)
- **d.** Leg fatigue: (1)
- **e.** Leg cramps or leg pain: (1)
- **f.** Other (specify): (1)

_____
specify

20. Is this a pre-randomization assessment:

Yes (1) No (2)

22. ◄

21. Should the patient be excluded based on any findings from the exercise test:

Yes (* 1) No (2)

Stop ◄ 22. ◄

If yes, specify:

_____
specify

*(*The patient is ineligible for NETT; complete Section E, Administrative information.)*

E. Administrative information

22. Pulmonary Function Coordinator PIN: ____ ____ ____

23. Pulmonary Function Coordinator signature:

_____

24. Clinic Coordinator PIN: ____ ____ ____

25. Clinic Coordinator signature:

_____

26. Date form reviewed:

____ ____-____ ____ ____-____ ____
day mon year

GA - Form GA Enrollment in Extension Year (rev 1)

Date file created: 13 May 2006
Observations: 664
Variables: 5

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 converted to #days from RZ/scr strt	Num	8	
ga108	8 Visit consented patient consented to	Char	2	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Enrollment in Extension Year

( ) keyed **94**

Purpose: To document enrollment in extension year of NETT and to identify visit to be completed in extension year.

When: Once consent has been obtained.

Administered by: Clinic Coordinator.

Respondent: None.

Instructions: This form documents enrollment in the extension year. It should be completed once consent has been obtained. It must be keyed before other extension visit forms are keyed since it documents that consent was obtained for the entension year visit. While protocol calls for f06, f24, f36, and f60 to be done in person, some patients may consent only to do these visits by telephone. Hence item 8 allows for telephone visits for f06, f24, f36, and f60.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date form initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code:

n ____ ____

6. Form & revision: g a 1

B. Consent and visit identification

7. Has the patient signed a consent statement for a NETT extension year visit:

Yes (1) No (2) → SKIP

8. What visit did the patient consent to do:

f06 in person	(01)
f06 by telephone *(Form HI only)*	(02)
f12 by telephone *(Form HI only)*	(03)
f24 in person	(04)
f24 by telephone *(Form HI only)*	(05)
f36 in person	(06)
f36 by telephone *(Form HI only)*	(07)
f48 by telephone *(Form HI only)*	(08)
f60 in person	(09)
f60 by telephone *(Form HI only)*	(10)

9. Date on which patient signed consent form *(date consent was received if patient did not date the consent form):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

C. Administrative information

10. Clinic Coordinator PIN: ____ ____ ____

11. Clinic Coordinator signature:

_____

12. Date form reviewed:

____ ____ - ____ ____ ____ - ____ ____
day mon year

HB - Form HB Baseline History (rev 3)

Date file created: 13 May 2006
Observations: 2325
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days from RZ/scr strt	Num	8	
hb307	7 1st degree relatives have emphysema	Char	1	
hb308	8 1st degree relatives have congenita	Char	1	
hb309	9 1st degree relatives have asthma	Char	1	
hb310	10 1st degree relatives have other lun	Char	1	
hb311	11 Sputum -- clinically significant am	Char	1	
hb312	12 Usual weight (lbs)	Char	3	
hb313	13 10% of usual weight (lbs)	Char	2	
hb314	14 No. lbs lost in past 3 months	Char	3	
hb315	15 Lost >10% of weight in past 3 month	Char	1	
hb316	16 Was weight loss planned?	Char	1	
hb318	18 Weight loss exclusion?	Char	1	
hb319	19 Frequency of alcohol use	Char	1	
hb320	20 Sleep apnea dx in past 12 months	Char	1	
hb321	21 Sleepy during day/working hours	Char	1	
hb322	22 Snore loudly	Char	1	
hb323	23 Current oral steroids	Char	1	
hb324	24 Current inhaled steroids	Char	1	
hb325	25 Current bronchodilators	Char	1	
hb328	28 Oxygen used at rest--not sleeping	Char	1	
hb330	30 Oxygen used on exertion	Char	1	
hb332	32 Oxygen used when sleeping	Char	1	
hb333	33 Oxygen dose used (L/min)	Char	2	
hb336	36 No. nights in hospital in past 3 mo	Char	2	
hb337	37 No. nights in nonacute care in past	Char	2	
hb338	38 No. times seen in ER in past 3 mos	Char	2	
hb339	39 No. times seen MD in office in past	Char	3	
hb340	40 No. times seen health care provider	Char	3	
hb341	41 No. times seen health care worker i	Char	3	
hb342	42 No. times seen health equip tech in	Char	3	
hb343	43 Other medical contacts in past 3mos	Char	1	
hb344	44 Illness restricted family activitie	Char	1	
hb345	45 Hrs in past week of help from famil	Char	3	
hb326a	26a Long-acting sympathomimetics	Char	1	
hb326b	26b Short-acting sympathomimetics	Char	1	
hb326c	26c Anticholinergics	Char	1	
hb326d	26d Oral sympathomimetics	Char	1	
hb326e	26e Theophylline	Char	1	
hb326f	26f Other bronchodilator	Char	1	
hb327a	27a Analgesics	Char	1	
hb327aa	27aa Vitamins	Char	1	
hb327ab	27ab Other type of medication	Char	1	
hb327ac	27ac None	Char	1	
hb327b	27b Antacids	Char	1	
hb327c	27c Antianxiety medications	Char	1	
hb327d	27d Antiarrhythmics	Char	1	
hb327e	27e Antibiotics	Char	1	
hb327f	27f Anticoagulants	Char	1	
hb327g	27g Antidepressants	Char	1	
hb327h	27h Antifungals	Char	1	
hb327i	27i Antihistamines	Char	1	
hb327j	27j Antitussives	Char	1	
hb327k	27k Antihypertensives	Char	1	
hb327l	27l Aspirin	Char	1	
hb327m	27m Decongestants	Char	1	
hb327n	27n Digitalis	Char	1	
hb327o	27o Diuretics	Char	1	

HB - Form HB Baseline History (rev 3)

Date file created: 13 May 2006
Observations: 2325
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
hb327p	27p Expectorants	Char	1	
hb327q	27q H2 blockers	Char	1	
hb327r	27r Hormone replacement	Char	1	
hb327s	27s Insulin	Char	1	
hb327t	27t Mucolytics	Char	1	
hb327u	27u Nasal steroids	Char	1	
hb327v	27v Nitroglycerine	Char	1	
hb327w	27w Non steroidal anti-inflammatory	Char	1	
hb327x	27x Ophthalmic medications	Char	1	
hb327y	27y Oral beta blockers	Char	1	
hb327z	27z Sedatvies	Char	1	
hb334a	34a None	Char	1	
hb334b	34b Compressed gas (tanks)	Char	1	
hb334c	34c Liquid	Char	1	
hb334d	34d Concentrator	Char	1	
hb334e	34e Other type of oxygen	Char	1	
hb335a	35a Nasal cannula	Char	1	
hb335b	35b Oxymizer	Char	1	
hb335c	35c Pendant	Char	1	
hb335d	35d Transtracheal	Char	1	
hb335e	35e Pulse/demand delivery device	Char	1	
hb335f	35f Other type of delivery device	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Baseline History

Purpose: To collect baseline medical history information about the patient.

When: At visit s1.

Administered by: Clinic Coordinator.

Respondent: Patient.

Instructions: Collect information by interview. If the patient is found to be ineligible after completing items 1-18, complete section J, Administrative information, but do not key this form.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____
2. Patient ID: ____ ____ ____ ____ ____
3. Patient name code: ____ ____ ____ ____ ____
4. Visit date *(date this form is initiated)*:

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: s 1 ____
6. Form & revision: h b 3

B. Family history

7. Do any of your first degree relatives (parent, brother, sister, child) have emphysema:
   - Yes (1)
   - No (2)
   - Don't know (3)
8. Do any of your first degree relatives (parent, brother, sister, child) have congenital emphysema (eg, alpha-1 antitrypsin deficiency):
   - Yes (1)
   - No (2)
   - Don't know (3)
9. Do any of your first degree relatives (parent, brother, sister, child) have asthma:
   - Yes (1)
   - No (2)
   - Don't know (3)
10. Do any of your first degree relatives (parent, brother, sister, child) have a lung disease other than emphysema or asthma:
    - Yes (1)

      _____
      specify
    - No (2)
    - Don't know (3)

C. Respiratory symptoms

11. Ask the patient how much sputum (phlegm) he/she usually brings up each day; is the amount clinically significant:

    Yes (1) → STOP No (2)

D. Weight loss in past 3 months

12. What is your usual weight: ____ ____ ____ lbs
13. 10% of usual weight *(divide item 12 by 10)*:

    ____ ____ lbs
14. How much weight have you lost in the past 3 months *(enter 000 if none lost)*:

    ____ ____ ____ lbs
15. Has the patient lost more than 10% of his/her usual weight in the past 3 months (ie, is the value for item 14 greater than the value for item 13):

    Yes (1) No (2) → 19.
16. Was the weight loss planned:

    Yes (1) → 19. No (2)

17. What is the explanation for the weight loss:

_____

18. Should the patient be excluded based on the weight loss:

Yes (1) No (2)

(1) → STOP

E. Alcohol use

19. How frequently do you drink alcohol:

Daily or almost every day	(1)
3 or 4 times per week	(2)
Once or twice a week	(3)
Once or twice a month	(4)
Less than once a month	(5)
Never	(6)

H. Sleep disturbances and daytime fatigue

20. Have you, in the past 12 months, been diagnosed by a physician as having sleep apnea:

Yes (1) No (2)

21. How often are you troubled by sleepiness in the daytime or during working hours:

Never	(1)
Less than once per week	(2)
1-2 times per week	(3)
3-6 times per week	(4)
Every day	(5)

22. Do you snore loudly during sleep (that is, do those who live with you say that you snore or are noisy when you are asleep):

Yes	(1)
No	(2)
Not sure	(3)

G. Medication use

23. Are you currently prescribed oral steroids (eg, prednisone):

Yes (1) No (2)

24.

_____
specify medication and strength

_____
specify dose (amount and frequency)

*(*Note that patients are required to be in stable condition on less than 20 mg of prednisone or its equivalent (see NETT Chart 1) per day at the time of randomization.)*

24. Are you currently prescribed inhaled steroids (eg, Vanceril [beclomethasone]):

Yes (1) No (2)

25.

_____
specify medication and strength

_____
specify dose (amount and frequency)

25. Are you currently prescribed any bronchodilator medications:

Yes (1) No (2)

27.

26. What types of bronchodilator medication are you currently prescribed *(check all that apply)*

a. Long-acting sympathomimetics (beta-agonists such as Serevent [salmeterol]):	(1)
b. Short-acting sympathomimetics (beta-agonists such as Ventolin, Proventil [albuterol]):	(1)
c. Anticholinergics (such as Atrovent [ipratropium bromide]):	(1)
d. Oral sympathomimetics (such as Brethaire [terbutaline]):	(1)
e. Theophylline:	(1)
f. Other *(specify)*:	(1)

_____
specify

27. What other types of medications are you currently prescribed

a. Analgesics: (1)
b. Antacids: (1)
c. Antianxiety medications: (1)
d. Antiarrhythmics: (1)
e. Antibiotics: (1)
f. Anticoagulants: (1)
g. Antidepressants: (1)
h. Antifungals: (1)
i. Antihistamines: (1)
j. Antitussives: (1)
k. Antihypertensives: (1)
l. Aspirin: (1)
m. Decongestants: (1)
n. Digitalis: (1)
o. Diuretics: (1)
p. Expectorants: (1)
q. H_2 blockers: (1)
r. Hormone replacement: (1)
s. Insulin (1)
t. Mucolytics: (1)
u. Nasal steroids: (1)
v. Nitroglycerine: (1)
w. Non steroidal anti-inflammatory: (1)
x. Ophthalmic medications: (1)
y. Oral beta blockers: (1)
z. Sedatives: (1)
aa. Vitamins: (1)
ab. Other types of medication *(specify):* (1)

_____
specify

ac. None: (1)

H. Oxygen use

28. Do you use oxygen at rest (not sleeping):

Yes (1) No (2)
30. ___

29. Dose:

_____
specify exact L/min dose or range used

30. Do you use oxygen on exertion:

Yes (1) No (2)
32. ___

31. Dose:

_____
specify exact L/min dose or range used

32. Do you use oxygen when sleeping:

Yes (1) No (2)
34. ___

33. Dose: ___ • ___ L/min

34. What type of oxygen do you use currently *(check all that apply)*

a. None: (1)
36. ___
b. Compressed gas (tanks): (1)
c. Liquid: (1)
d. Concentrator: (1)
e. Other *(specify):* (1)

_____
specify

35. What type of delivery device do you use currently *(check all that apply)*

a. Nasal cannula: (1)
b. Oxymizer: (1)
c. Pendant: (1)
d. Transtracheal: (1)
e. Pulse/demand delivery device: (1)
f. Other *(specify):* (1)

_____
specify

I. Health care in the past 3 months

36. How many nights in the past 3 months have you stayed overnight in a hospital or other acute care facility *(enter 00 if none):*

___ ___
nights

37. How many nights in the past 3 months have you stayed overnight in a rehabilitation hospital, nursing home, or other nonacute care facility *(enter 00 if none):*

___ ___
nights

38. How many times in the past 3 months have you been seen at an emergency room (department), triage area, or urgent care facility *(enter 00 if none):*

___ ___
times

39. How many times in the past 3 months have you visited a physician, physician's assistant, or nurse in their office or have you visited an outpatient clinic for any reason *(exclude hospital stays, visits to subacute care facilities, and emergency room, triage area, or urgent care visits):*

___ ___ ___
times

40. How many times in the past 3 months has a health care professional (provider) (eg, home health agency nurse, physical therapist, occupational therapist) visited you in your residence:

___ ___ ___
times

41. How many times in the past 3 months has a health care service worker (eg, aide, attendant) come to your home for health reasons:

___ ___ ___
times

42. How many times in the past 3 months, has a health equipment technician come to your home to adjust, service, or care for some item of health care equipment used by you:

___ ___ ___
times

43. In the past 3 months, did you have any visits or contacts with health care workers other than those just mentioned:

Yes (1) No (2)

44.

If yes, please describe:

_____

_____

_____

44. In the past 3 months, has your illness required any family members or friends to restrict their work or social activities:

Yes (1) No (2)

45. About how many hours in the past week have family members or friends spent in helping with your care *(enter 000 if none):*

___ ___ ___
hours

J. Administrative information

46. Clinic Coordinator PIN: ___ ___ ___

47. Clinic Coordinator signature:

_____

48. Date form reviewed:

___ ___-___ ___ ___-___ ___
day mon year

HF - Form HF Heart Function Summary (rev 4)

Date file created: 13 May 2006
Observations: 2788
Variables: 46

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 converted to No. of days from RZ	Num	8	
hf407	7 Resting EKG obtained	Char	1	
hf408	#8 cnvrtd to #days from RZ/scr strt	Num	8	
hf409	9 EKG findings	Char	1	
hf410	10 Echocardiogram obtained	Char	1	
hf411	#11 cnvrtd to #days from RZ/scr strt	Num	8	
hf412	12 Mean RA pressure/tricuspid peak syst	Char	1	
hf413	13 Rt heart cath should be done?	Char	1	
hf414	14 Estimated mean RA pressure	Char	1	
hf415	15 Estimated tricuspid systolic peak ve	Char	2	
hf416	16 Calculated peak systolic PPA	Char	2	
hf417	17 S1 assessment?	Char	1	
hf418	18 Peak systolic PPA >=45 mmHg	Char	1	
hf419	19 Can LVEF be estimated?	Char	1	
hf420	20 Estimated LVEF	Char	1	
hf421	21 Dobutamine-radionuclide scan done	Char	1	
hf422	#22 cnvrtd to #days from RZ/scr strt	Num	8	
hf423	23 Indication of coronary disease?	Char	1	
hf424	24 Right heart catheterization done	Char	1	
hf425	#25 cnvrtd to #days from RZ/scr strt	Num	8	
hf427	27 Measured peak systolic PA<45 mmHg	Char	1	
hf428	28 Measured mean PA pressure<35 mmHg	Char	1	
hf429	29 Patient ineligible - catherization r	Char	1	
hf430	30 Evaluation by cardiologist done	Char	1	
hf431	#31 cnvrtd to #days from RZ/scr strt	Num	8	
hf433	33 Cardiologist's findings	Char	1	
hf426a	26a Measured RA mean pressure (mmHg)	Char	2	
hf426b	26b Measured systolic RV pressure (mmHg)	Char	2	
hf426bs	26b Sign - measured systolic RV pressure	Char	1	
hf426c	26c Measured diastolic RV pressure (mmHg	Char	2	
hf426d	26d Measured systolic PA pressure (mmHg)	Char	2	
hf426e	26e Measured diastolic PA pressure (mmHg	Char	2	
hf426f	26f Measured mean PA pressure (mmHg)	Char	2	
hf426g	26g Measured PA occlusion pressure (mmHg	Char	3	
hf426h	26h Measured cardiac output (l/min)	Char	3	
hf426i	26i Calculated PVR (dynes/sec/cm -5)	Char	3	
hf432a	32a ECG abnormality	Char	1	
hf432b	32b Lft ventricular ejection fraction <4	Char	1	
hf432c	32c Dobutamine-radionuclide scan finding	Char	1	
hf432d	32d S3 gallop on physical exam	Char	1	
hf432e	32e >5 premature ventricular beats noted	Char	1	
hf432f	32f Unstable angina	Char	1	
hf432g	32g Other reason for evaluation	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Heart Function Summary

( ) keyed **102**

Purpose: Record results of resting ECG, echocardiogram, cardiac scan, right heart catheterization (not the substudy), and evaluation by cardiologist.

When: Visits s1 and f06 (echocardiogram).

Administered by: Study Physician and Clinic Coordinator.

Respondent: None.

Instructions: Mark any relevant reports with the patient's ID number and name code and staple the reports to this form. If a STOP condition is checked and this is the s1 or rz assessment, the patient is ineligible. Complete Section G but do not key this form. Complete one Form HF prior to starting Core Rehabilitation; use visit ID code s1. If right heart catheterization and/or evaluation by a cardiologist are/is done post rehabilitation, update the visit s1 HF form prior to randomization to record the results of those evaluations.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____ ____ ____ ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: h f 4

B. Resting ECG

7. Was a resting ECG obtained *(visit s1 only):*

( ) Yes ( ) No
1 2

10. ←

8. Date of resting ECG:

____ ____ ____ ____ ____ ____
day mon year

9. Characterize the findings from the resting ECG *(check only one):*

ECG findings are compatible with continued screening for NETT without further cardiac workup (1)

ECG findings include cardiac rhythm other than sinus premature atrial contractions, > 5 premature ventricular beats/min or other finding that necessitates evaluation by a cardiologist prior to randomization (†2)

ECG findings include abnormalities that are incompatible with participation in NETT *(specify)* (*3)

STOP ←

_____
specify

(†Patient must be evaluated by a cardiologist prior to randomization; clinic staff should judge the appropriateness of starting the patient in rehabilitation prior to completing the consultation.)

*(*Patient is ineligible for NETT; skip to Section G.)*

C. Echocardiogram

10. Was an echocardiogram obtained *(visits s1 and f06):*

( ) Yes ( ) No
1 2

21. ←

11. Date of echocardiogram:

____ ____ ____ ____ ____ ____
day mon year

12. Could both RA pressure and tricuspid peak systolic velocity be estimated from the echocardiogram:

Yes (1) No (2)

→ **14.**

13. When RA pressure and/or tricuspid peak systolic velocity cannot be estimated from the echocardiogram at visit s1, the study physician may judge whether to do right heart catheterization to rule out pulmonary hypertension: Does the study physician judge that right heart catheterization should be done to rule out pulmonary hypertension:

Yes (*1) No (†2)

→ **19.** → **19.**

*(*If this is visit s1, patient must have right heart catheterization done before randomization; clinic staff should judge the appropriateness of starting the patient in rehabilitation prior to completing the right heart catheterization.)*

(†Right heart catheterization is not required to be done.)

14. Estimated mean RA pressure *(check only one)*

5 mmHg: (1)
10 mmHg: (2)
15 mmHg: (3)

15. Estimated tricuspid peak systolic velocity:

___ ___ ___
m/sec

16. Calculated peak systolic P_{PA} *(item 14 + 4* (item 15)^2):*

___ ___
mmHg

17. Is this the s1 assessment:

Yes (1) No (2)

→ **19.**

18. Is calculated peak systolic P_{PA} *(item 16)* 45 mmHg or greater:

Yes (*1) No (2)

*(*The patient must have right heart catheterization before randomization to rule out pulmonary hypertension.)*

19. Can left ventricular ejection fraction (LVEF) be estimated from the echocardiogram:

Yes (1) No (*2)

→ **21.**

*(*If this is visit s1, patient must be evaluated by a cardiologist prior to randomization.)*

20. Estimated left ventricular ejection fraction (LVEF)

≥ 45%: (1)
< 45%: (*2)

*(*If this is visit s1, patient must be evaluated by a cardiologist prior to randomization; clinic staff should judge the appropriateness of starting the patient in rehabilitation prior to completing the cardiologist evaluation.)*

D. Dobutamine-radionuclide scan findings

21. Was a dobutamine-radionuclide scan done *(visit s1 only):*

Yes (1) No (2)

→ **24.**

22. Date of dobutamine-radionuclide scan:

___ ___ – ___ ___ – ___ ___
day mon year

23. Do the dobutamine-radionuclide scan findings indicate coronary artery disease or ventricular dysfunction:

Yes (*1) No (2)

*(*Patient must be evaluated by a cardiologist prior to randomization; clinic staff should judge the appropriateness of starting the patient in rehabilitation prior to completing the consultation.)*

E. Right heart catheterization

24. Was right heart catheterization done *(visit s1):*

Yes (1) No (2)

→ **30.**

25. Date of right heart catheterization:

___ ___ – ___ ___ – ___ ___
day mon year

26. Right heart catheterization findings (end expiration)

a. Measured RA mean pressure: ___ ___ mmHg

b. Measured systolic RV pressure *(circle + or -):*

+ - ___ ___ mmHg

c. Measured diastolic RV pressure: ___ ___ mmHg

d. Measured peak systolic PA pressure: ___ ___ mmHg

e. Measured diastolic PA pressure: ___ ___ mmHg

f. Measured mean PA pressure: ___ ___ mmHg

g. Measured PA occlusion (wedge) pressure:

___ ___ ___ mmHg.

h. Measured cardiac output:

___ ___ • ___ L/min

i. Calculated PVR: ___ ___ ___ dynes/sec/cm^{-5}.

27. Is measured peak systolic PA pressure *(item 26d)* < 45 mmHg (< 50 mmHg in Denver):

Yes (1) No (*2) STOP

*(*The patient is ineligible for NETT; skip to section G.)*

28. Is measured mean PA pressure *(item 26f)* < 35 mmHg (< 38 in Denver):

Yes (1) No (*2) STOP

*(*The patient is ineligible for NETT; skip to section G.)*

29. Do any right heart catheterization findings render the patient ineligible for NETT:

Yes *(specify):* (*1) STOP

_____
specify reason for ineligibility

*(*The patient is ineligible for NETT; skip to Section G.)*

No (2)

F. Cardiologist evaluation

30. Was the patient evaluated by a cardiologist *(visit s1):*

Yes (1) No (2) 35.

31. Date of cardiologist's evaluation:

___ ___ - ___ ___ - ___ ___
day mon year

32. Reasons for cardiologist evaluation *(check all that apply)*

a. ECG abnormality: (1)

b. Left ventricular ejection fraction < 45% or unable to evaluate LVEF: (1)

c. Dobutamine-radionuclide scan findings: (1)

d. S_3 gallop on physical exam: (1)

e. > 5 premature ventricular beats/min: (1)

f. Unstable angina: (1)

g. Other *(specify):* (1)

_____
specify

33. Cardiologist's findings:

Cleared for surgery with respect to cardiac condition (1)

Ineligible for surgery *(specify reason):* (*2) STOP

_____
specify

*(*The patient is ineligible for NETT.)*

34. Name of cardiologist *(please print):*

_____

G. Administrative information

35. Study Physician PIN: ___ ___ ___

36. Study Physician signature:

_____

37. Clinic Coordinator PIN: ___ ___ ___

38. Clinic Coordinator signature:

_____

39. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___

day mon year

HI - Form HI Interim History (rev 3)

Date file created: 13 May 2006
Observations: 5186
Variables: 75

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days from RZ/scr strt	Num	8	
hi307	#7 cnvrtd to $#days from RZ/scr strt	Char	7	
hi308	8 Visit code of last history form	Char	3	
hi309	#9 cnvrtd to #days from RZ/scr strt	Char	7	
hi310	#10 cnvrtd to #days from RZ/scr strt	Char	7	
hi311	11 Current residence	Char	1	
hi313	13 No. of nights in hospital	Char	3	
hi314	14 No. of nights in non-acute facility	Char	3	
hi315	15 No. of visits to ER	Char	3	
hi316	16 No. of visits to physician	Char	3	
hi317	17 No. of home visits by health care p	Char	3	
hi318	18 No. of home visits by health care w	Char	3	
hi319	19 No. of home visits by equipment tec	Char	3	
hi320	20 Visits by other health care workers	Char	1	
hi321	21 Family activities restricted	Char	1	
hi322	22 Hours family spent caring for patie	Char	3	
hi324	24 Smoked since item 10 date	Char	1	
hi325	25 Patient using any nicotine products	Char	1	
hi326	26 Health problems since last visit	Char	1	
hi327	27 Currently taking oral steroids	Char	1	
hi328	28 Currently taking inhaled steroids	Char	1	
hi329	29 Currently using bronchodilators	Char	1	
hi332	32 Use oxygen at rest (not sleeping)	Char	1	
hi334	34 Use oxygen on exertion	Char	1	
hi336	36 Use oxygen when sleeping	Char	1	
hi337	37 Dose O2 used when sleeping	Char	2	
hi330a	30a Long-acting sympathomimetics	Char	1	
hi330b	30b Short-acting sympathomimetics	Char	1	
hi330c	30c Anticholinergics	Char	1	
hi330d	30d Oral sympathomimetics	Char	1	
hi330e	30e Theophylline	Char	1	
hi330f	30f Other bronchodilator	Char	1	
hi331a	31a Analgesics	Char	1	
hi331aa	31aa Vitamins	Char	1	
hi331ab	31ab Other type of medication	Char	1	
hi331ac	31ac None	Char	1	
hi331b	31b Antacids	Char	1	
hi331c	31c Antianxiety medications	Char	1	
hi331d	31d Antiarrhythmics	Char	1	
hi331e	31e Antibiotics	Char	1	
hi331f	31f Anticoagulants	Char	1	
hi331g	31g Antidepressants	Char	1	
hi331h	31h Antifungals	Char	1	
hi331i	31i Antihistamines	Char	1	
hi331j	31j Antitussives	Char	1	
hi331k	31k Antihypertensives	Char	1	
hi331l	31l Aspirin	Char	1	
hi331m	31m Decongestants	Char	1	
hi331n	31n Digitalis	Char	1	
hi331o	31o Diuretics	Char	1	
hi331p	31p Expectorants	Char	1	
hi331q	31q H2 blockers	Char	1	
hi331r	31r Hormone replacement	Char	1	
hi331s	31s Insulin	Char	1	
hi331t	31t Mucolytics	Char	1	
hi331u	31u Nasal steroids	Char	1	
hi331v	31v Nitroglycerine	Char	1	

HI - Form HI Interim History (rev 3)

Date file created: 13 May 2006
Observations: 5186
Variables: 75

Variable Name	Variable Label	Type	Variable Length	Format
hi331w	31w Non steroidal anti-inflammatory	Char	1	
hi331x	31x Ophthalmic medications	Char	1	
hi331y	31y Oral beta blockers	Char	1	
hi331z	31z Sedatvies	Char	1	
hi338a	38a None	Char	1	
hi338b	38b Compressed gas (tanks)	Char	1	
hi338c	38c Liquid	Char	1	
hi338d	38d Concentrator	Char	1	
hi338e	38e Other	Char	1	
hi339a	39a Nasal cannula	Char	1	
hi339b	39b Oxymizer	Char	1	
hi339c	39c Pendant	Char	1	
hi339d	39d Transtracheal	Char	1	
hi339e	39e Pulse/demand delivery device	Char	1	
hi339f	39f Other type of delivery device	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Interim History

( ) keyed **108**

Purpose: To collect history data since the previous visit.

When: Visits s2 (if more than 42 days after the s1 history), s3, rz (if more than 21 days after the s3 history), f06, f12, f24, f36, f48, f60.

Administered by: Clinic Coordinator.

Respondent: Patient.

Instructions: Collect information, supplementing with medical record review as needed.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of interview):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: h i 3

B. Interval identification

7. Date of last history *(Form HB or HI):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

8. Visit code for last history *(Form HB or HI):*

____ ____ ____

9. Date 3 months ago:

____ ____ - ____ ____ ____ - ____ ____
day mon year

10. Most recent of dates in items 7 and 9:

____ ____ - ____ ____ ____ - ____ ____
day mon year

C. Current residence

11. Where are you currently residing *(check one):*

- Private home, apartment, or condominium (1)
- Retirement home (2)
- Nursing home (3)
- Rehabilitation facility (4)
- Acute care hospital (5)
- Other *(specify)* (6)

_____
specify

12. What is your current zip code:

____ ____ ____ ____ ____
zip code

D. Health care utilization since the last regularly scheduled visit or in the past 3 months, whichever interval is shorter

13. How many nights since the date in item 10 have you stayed overnight in a hospital or other acute care facility *(include nights for NETT LVRS):*

____ ____ ____
nights

14. How many nights since the date in item 10 have you stayed overnight in a rehabilitation hospital, nursing home, or other nonacute care facility:

____ ____ ____
nights

15. How many times since the date in item 10 have you been seen at an emergency room (department), triage area, or urgent care facility:

____ ____ ____
times

16. How many times since the date in item 10 have you visited a physician, physician's assistant, or nurse in their office or have you visited an outpatient clinic for any reason *(exclude hospital stays, visits to nonacute care facilities, and emergency room, triage area, or urgent care visits; exclude NETT screening, followup, and rehab visits; by followup visits we mean the regularly scheduled NETT in person followup visits, eg, f06, f12, f24, etc):*

___ ___ ___ # times.

17. How many times since the date in item 10 has a health care professional (provider) (eg, home health agency nurse, physical therapist, occupational therapist) visited you in your residence:

___ ___ ___ # times.

18. How many times since the date in item 10 has a health care service worker (eg, aide, attendant) come to your residence for health reasons:

___ ___ ___ # times.

19. How many times since the date in item 10 has a health equipment technician come to your residence to adjust, service, or care for some item of health equipment used by you:

___ ___ ___ # times.

20. Since the date in item 10, have you had any visits with health care workers other than those just mentioned *(exclude NETT screening, followup, and rehab visits; by followup visits we mean the regularly scheduled NETT in person followup visits, eg, f06, f12, f24, etc):*

( ) Yes 1 ( ) No 2

21.

If yes, describe:

_____

_____

_____

21. Since the date in item 10, has your illness required any family members or friends to restrict their work or social activities *(include efforts to help you participate in NETT):*

( ) Yes 1 ( ) No 2

22. About how many hours in the past week have family members or friends spent in helping with your care *(include efforts to help you participate in NETT):*

___ ___ ___ # hours.

23. What pulmonary rehabilitation activities have you completed since the date in item 10 *(at s3, summarize as ''Core and Cont rehab"):*

_____ specify

_____ specify

_____ specify

E. Interim history

24. Have you smoked any tobacco products since the date in item 10:

( ) Yes * 1 ( ) No 2

*(*If visit is prior to randomization, patient is ineligible.)*

25. Is the patient using nicotine products:

( ) Yes 1 ( ) No 2

26. Have you had any serious health problem since your last visit:

( ) Yes 1 ( ) No 2

27.

If yes, specify:

_____ specify

27. Are you currently prescribed oral steroids (eg, prednisone):

Yes (* 1) No (2) → **28.**

specify medication

specify dose (amount and frequency)

*(*If this is s2, s3, or rz, the patient must be stable on 20 mg or less prednisone or its equivalent (see NETT Chart 1) per day at the time of randomization; otherwise the patient is ineligible for NETT. Clinic staff need to judge whether the patient should continue with screening.)*

28. Are you currently prescribed inhaled steroids (eg, Vanceril [beclomethasone]):

Yes (1) No (2) → **29.**

specify medication

specify dose (amount and frequency)

29. Are you currently prescribed any bronchodilator medications:

Yes (1) No (2) → **31.**

30. What types of bronchodilator medication are you currently prescribed *(check all that apply)*

a. Long-acting sympathomimetics (beta-agonists such as Serevent [salmeterol]): (1)

b. Short-acting sympathomimetics (beta-agonists such as Ventolin, Proventil [albuterol]): (1)

c. Anticholinergics (such as Atrovent [ipratropium bromide]): (1)

d. Oral sympathomimetics (such as Brethaire [terbutaline]): (1)

e. Theophylline: (1)

f. Other *(specify):* (1)

specify

31. What other types of medications are you currently prescribed

a. Analgesics: (1)

b. Antacids: (1)

c. Antianxiety medications: (1)

d. Antiarrhythmics: (1)

e. Antibiotics: (1)

f. Anticoagulants: (1)

g. Antidepressants: (1)

h. Antifungals: (1)

i. Antihistamines: (1)

j. Antitussives: (1)

k. Antihypertensives: (1)

l. Aspirin: (1)

m. Decongestants: (1)

n. Digitalis: (1)

o. Diuretics: (1)

p. Expectorants: (1)

q. H_2 blockers: (1)

r. Hormone replacement: (1)

s. Insulin (1)

t. Mucolytics: (1)

u. Nasal steroids: (1)

v. Nitroglycerine: (1)

w. Non steroidal anti-inflammatory: (1)

x. Ophthalmic medications: (1)

y. Oral beta blockers: (1)

z. Sedatives: (1)

aa. Vitamins: (1)

ab. Other types of medication *(specify):* (1)

specify

ac. None: (1)

F. Oxygen use

32. Do you use oxygen at rest (not sleeping):

Yes (1) No (2) → 34.

33. Dose:

_____
specify exact L/min or range used

34. Do you use oxygen on exertion:

Yes (1) No (2) → 36.

35. Dose:

_____
specify exact L/min dose or range used

36. Do you use oxygen when sleeping:

Yes (1) No (2) → 38.

37. Dose: ___ • ___ L/min

38. What type of oxygen do you use currently *(check all that apply)*

a. None: (1) → 40.

b. Compressed gas (tanks): (1)

c. Liquid: (1)

d. Concentrator: (1)

e. Other *(specify):* (1)

_____
specify

39. What type of delivery device do you use currently *(check all that apply)*

a. Nasal cannula: (1)

b. Oxymizer: (1)

c. Pendant: (1)

d. Transtracheal: (1)

e. Pulse/demand delivery device: (1)

f. Other *(specify):* (1)

_____
specify

G. Next followup visit

40. Was the next followup visit scheduled *(answer No if this is the s3/rz visit):*

Yes (1) No (2) → 42.

41. Date and time of next followup visit:

a. Date:

___ ___ - ___ ___ ___ - ___ ___
day mon year

b. Time:

___ ___ : ___ ___ (1) am (2) pm
hour minute

H. Administrative information

42. Clinic Coordinator PIN: ___ ___ ___

43. Clinic Coordinator signature:

_____

44. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___
day mon year

IACPARAM - Selected IAC parameters

Date file created: 13 May 2006
Observations: 2236
Variables: 19

Variable Name	Variable Label	Type	Variable Length	Format
da950	Alpha diff at -950,(RU+LU)-(RL+LL)	Num	8	
dul950	Upper-lower diff in % emph at -950	Num	8	
dul960	Upper-lower diff in % emph at -960	Num	8	
ida950	Binary -950alpha dif,1=up lob pred,0=oth	Num	8	
idul950	BinU-Ldiff,%emph,-950,1=uplob pred,0=oth	Num	8	
idul960	BinU-Ldiff,%emph,-960,1=uplob pred,0=oth	Num	8	
newnett	New NETT patient ID no.	Char	5	
rul950	Upper/lower ratio of % emph at -950	Num	8	
rul960	Upper/lower ratio of % emph at -960	Num	8	
visit	Visit code: s1, f06, or f36	Char	3	
wa950	Alpha at -950 for whole lung	Num	8	
wcpe950	% emphysema in core at -950	Num	8	
wcpe960	% emphysema in core at -960	Num	8	
wpe950	% emphysema in whole lung at -950	Num	8	
wpe960	% emphysema in whole lung at -960	Num	8	
wppe950	% emphysema in peel at -950	Num	8	
wppe960	% emphysema in peel at -960	Num	8	
wrcp950	Core/peel ratio of % emph at -950	Num	8	
wrcp960	Core/peel ratio of % emph at -960	Num	8	

INELIG - Reasons for ineligibility

Date file created: 13 May 2006
Observations: 2557
Variables: 31

Variable Name	Variable Label	Type	Variable Length	Format
inel1	PFT and/or CT scan	Num	8	
inel2	Smoking	Num	8	
inel3	Bronchietasis	Num	8	
inel4	Pleural/interstitial disease	Num	8	
inel5	Pulmonary nodule	Num	8	
inel6	MI or CHF	Num	8	
inel7	Other cardiac	Num	8	
inel8	Hypertension	Num	8	
inel9	Cardiac dysrhthmia	Num	8	
inel10	Previous thoracotomy	Num	8	
inel11	Laser or LVRS	Num	8	
inel12	Syncope	Num	8	
inel13	6 min walk or exercise	Num	8	
inel14	Hx/physical exam	Num	8	
inel15	Blood/urine	Num	8	
inel16	BMI	Num	8	
inel17	Weight loss	Num	8	
inel18	Sputum	Num	8	
inel19	Prednisone	Num	8	
inel20	Other disease	Num	8	
inel21	Physician/surgeon judgement	Num	8	
inel22	Current illness	Num	8	
inel23	Giant bulla	Num	8	
inel24	Refused procedure/rz	Num	8	
inel25	Unable to complete PFTs	Num	8	
inel26	Needed >6 liter O2	Num	8	
inel27	Insurance issues	Num	8	
inel28	Deceased	Num	8	
inel29	Time window issues	Num	8	
inel30	Participating in other study	Num	8	
newnett	New NETT patient ID no.	Char	5	

JA - Form JA Patient Closeout Tasks Prior to NETT Extension (rev 1)

Date file created: 13 May 2006
Observations: 1208
Variables: 10

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
ja107	7 Contact patient about closeout	Char	2	
ja108	8 Informed about end of original follo	Char	1	
ja109	9 Invited to followup extension	Char	1	
ja110	10 Informed about possible contact	Char	1	
ja111	11 Informed about how to hear NETT resu	Char	1	
ja112	12 Informed about how to hear MEDICARE	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Patient Closeout Tasks Prior to NETT Extension

Purpose: To document completion of closeout tasks for each randomized patient in NETT. The closeout tasks relate to the completion of visits under the original NETT followup schedule, continuation of followup through 2003 and possibly beyond 2003, and dissemination of what is known about plans to publish the NETT results and about the status of Medicare's coverage decision on LVRS.

When: Between 01 Oct 2002 and 31 Dec 2002.

Administered by: Clinic Coordinator.

Respondent: None.

Instructions: Complete this form for each randomized patient in NETT, regardless of vital status. You may start completing forms on 01 Oct 2002 and should finish by 31 Dec 2002. If the individual patient cannot be informed directly, either because of death or disability or other reason, you should inform a family member or the patient's representative, if available. The information can be conveyed in person, by telephone, or by mail.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of conversation or date material is mailed):*

____ ____ - ____ ____ - ____ ____
day mon year

5. Visit ID code: n ____ ____

6. Form & revision: j a 1

B. Completion of closeout tasks

7. Did you contact the patient about closeout:

Yes, directly, spoke with patient either in person or by telephone (01)

Yes, directly, mailed material to patient (02)

Yes, indirectly, spoke with or mailed material to someone who agreed to convey the information to the patient (03)

No, patient or family or representative has asked not to be contacted by NETT staff (04) → **13.**

No, can't locate patient, family member, or representative (05) → **13.**

No, patient is incapable of understanding the information; information was provided to family member or patient's representative (06) → **11.**

No, patient is incapable of understanding the information and no family member or patient's representative can be located (07) → **13.**

No, patient is deceased; information was provided to family member or patient's representative (*08) → **11.**

No, patient is deceased and no family member or patient's representative can be located (*09) → **13.**

No, other *(specify)* (10) → **13.**

_____
specify

*(*Complete form DR if not already done and obtain death certificate and complete form DF if not already done.)*

8. Was the patient informed that the originally planned schedule of followup was ending in Dec 2002:

(Yes 1) (No 2)

9. Was the patient invited to participate in the extension of followup for Jan 2003 through Dec 2003:

(Yes 1) (No 2)

10. Was the patient informed that NETT might contact him/her about continuing followup beyond 2003:

( ) Yes (1) ( ) No (2)

11. Was the patient (or family or representative) informed how they would hear about NETT results:

( ) Yes (1) ( ) No (2)

12. Was patient (or family or representative) informed how they would hear about the Medicare coverage decision:

( ) Yes (1) ( ) No (2)

C. Administrative information

13. Clinic Coordinator PIN: ___ ___ ___

14. Clinic Coordinator signature:

_____

15. Date form reviewed:

___ ___-___ ___ ___-___ ___
day mon year

LCORE - IAC left lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histolef		Num	8	
hlcreate	hlcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

LCORE - IAC left lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

LCORE - IAC left lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

LCORE - IAC left lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

LHOLE - IAC left lung holes file

Date file created: 13 May 2006
Observations: 2236
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
alpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
alpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
alpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
alpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
alpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
alpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
c1_1	Y intercept at -950	Num	8	
c1_2	Y intercept at -930	Num	8	
c1_3	Y intercept at -910	Num	8	
c1_4	Y intercept at -890	Num	8	
c1_5	Y intercept at -870	Num	8	
c1_6	Y intercept at -850	Num	8	
cutoff_1	At -950, see IAC Scan Analysis vbl list	Num	8	
cutoff_2	At -930, see IAC Scan Analysis vbl list	Num	8	
cutoff_3	At -910, see IAC Scan Analysis vbl list	Num	8	
cutoff_4	At -890, see IAC Scan Analysis vbl list	Num	8	
cutoff_5	At -870, see IAC Scan Analysis vbl list	Num	8	
cutoff_6	At -850, see IAC Scan Analysis vbl list	Num	8	
entityve	Hole pgm version number	Char	18	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
lalpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
lalpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
lalpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
lalpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
lalpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
lalpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
lc1_1	Y intercept at -950	Num	8	
lc1_2	Y intercept at -930	Num	8	
lc1_3	Y intercept at -910	Num	8	
lc1_4	Y intercept at -890	Num	8	
lc1_5	Y intercept at -870	Num	8	
lc1_6	Y intercept at -850	Num	8	
lcutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
lcutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
lcutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
lcutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
lcutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
lcutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	
leftwhol		Num	8	
malpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
malpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
malpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
malpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
malpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
malpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
mc1_1	Y intercept at -950	Num	8	
mc1_2	Y intercept at -930	Num	8	
mc1_3	Y intercept at -910	Num	8	
mc1_4	Y intercept at -890	Num	8	
mc1_5	Y intercept at -870	Num	8	
mc1_6	Y intercept at -850	Num	8	
mcutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
mcutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
mcutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
mcutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
mcutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
mcutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	

LHOLE - IAC left lung holes file

Date file created: 13 May 2006
Observations: 2236
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
slicethi	Slice thickness	Char	14	
ualpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
ualpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
ualpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
ualpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
ualpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
ualpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
uc1_1	Y intercept at -950	Num	8	
uc1_2	Y intercept at -930	Num	8	
uc1_3	Y intercept at -910	Num	8	
uc1_4	Y intercept at -890	Num	8	
uc1_5	Y intercept at -870	Num	8	
uc1_6	Y intercept at -850	Num	8	
ucutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
ucutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
ucutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
ucutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
ucutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
ucutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

LPEEL - IAC left lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histolef		Num	8	
hlcreate	hlcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

LPEEL - IAC left lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

LPEEL - IAC left lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

LPEEL - IAC left lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

LVER2 - IAC left lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histolef		Num	8	
hlcreate	hlcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

LVER2 - IAC left lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

LVER2 - IAC left lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

LVER2 - IAC left lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

MM - Form MM 6 Minute Walk Test (rev 3)

Date file created: 13 May 2006
Observations: 7031
Variables: 27

Variable Name	Variable Label	Type	Variable Length	Format
dist_ft	6MW distance (feet)	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr strt	Num	8	
mm207	Day 1 or Day 2, unused after 21May99	Char	1	
mm307	7 Resting & walking O2 titration done	Char	1	
mm308	8 Two hours or more since last meal	Char	1	
mm309	9 Bronchodilator taken in past 4 hours	Char	1	
mm310	10 Patient rested for 10 minutes	Char	1	
mm311	11 O2 used during 6 minute walk test	Char	1	
mm312	12 Walking oxygen requirement	Char	2	
mm315	15 Total duration of test (min)	Char	2	
mm316	16 Item 15 equal to 6.0	Char	1	
mm317	17 Borg scale-perceived breathlessness	Char	3	
mm318	18 Borg scale-perceived leg muscle fati	Char	3	
mm320	20 S1, S2, S3 or RZ assessment	Char	1	
mm321	21 Other reason for ineligibility?	Char	1	
mm319a	19a Test lasted 6 minutes	Char	1	
mm319b	19b Chest pain	Char	1	
mm319c	19c Near syncope	Char	1	
mm319d	19d Ataxic gait	Char	1	
mm319e	19e Lower extremity claudication	Char	1	
mm319f	19f Mental confusion	Char	1	
mm319g	19g Patient refused to continue	Char	1	
mm319h	19h Staff request	Char	1	
mm319i	19i Other	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

6 Minute Walk Test

Purpose: Guide tester in performing 6 minute walk testing and record data as obtained.

When: Visits s1, s2 (if the s1 6 minute walk test was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days after the s3 6 minute walk), f06, f12, and f24.

Administered by: O_2 Titration/6 Minute Walk Tester.

Instructions: You should have the patient's oxygen titration results (Form MO), a stop watch, portable oxygen delivery system (nasal cannula), meter stick or tape measure, and NETT Flash Cards #8 and 9 available. If the walk is done in a corridor, you need to assure that traffic in the corridor will not interfere with the test. Resting and walking oxygen titration assessments should have been completed prior to 6 minute walk testing. The patient should rest for 10 minutes prior to starting the 6 minute walk. During the 6 minute walk the patient will use the oxygen prescription resulting from the NETT oxygen titration assessment. The patient should have taken a short-acting bronchodilator within 4 hours of testing and at least 2 hours should have elapsed since the patient last ate a meal. The patient should wear loose fitting clothes and comfortable shoes. If the patient does not complete the walk satisfactorily, the patient may try again, but only one Form MM can be keyed for each visit.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of walk):*

____ ____ - ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: m m 3

B. Checks on patient condition

7. Did the resting and walking oxygen titration assessments have normal terminations:

( ) Yes (1) ( ) No (*2) → STOP

*(*These assessments must have normal terminations for patient to proceed with the 6 minute walk test.)*

8. Has it been at least 2 hours since the patient ate a meal:

( ) Yes (1) ( ) No (*2) → STOP

*(*Wait until it has been at least 2 hours since the patient last ate a meal; then check Yes and proceed with testing.)*

9. Has the patient taken a short-acting bronchodilator within 4 hours:

( ) Yes (1) ( ) No (*2) → STOP

*(*Administer short-acting bronchodilator; and then check Yes and proceed with testing after 15 minutes.)*

10. Has the patient rested for 10 minutes:

( ) Yes (1) ( ) No (*2) → STOP

*(*After patient has rested for 10 minutes, check Yes and proceed with testing.)*

C. 6 minute walk test

11. Will the patient use oxygen during the 6 minute walk test:

( ) Yes (1) ( ) No (2) → 13.

12. Walking oxygen requirement *(from Form MO):*

___•___ ___
L/min

13. Course ID: ___ ___ ___ ___-___ ___
Clinic ID Course ID

Do not key data recorded in this box.

Instructions: Technician will carry supplemental oxygen if used by the patient. Provide instructions to patient as shown on Flash Card #9. Start the stop watch when you say ''Start". The test runs for 6 minutes regardless of the patient's rest periods. Mark completed laps below. If test lasts 6 minutes, administer Borg scale for perceived breathlessness and muscle fatigue (Flash Card #8). Remind patient that 0 means no breathlessness (no muscle fatigue) and 10 is the maximum he/she has ever felt. Measure the distance walked to the nearest meter (foot).

O = distance of 1 lap on your course
= _____ meters or feet *(circle one)*

O O O O O O O O O O

O O O O O O O O O O

O O O O O O O O O O

O O O O O O O O O O

O O O O O O O O O O

O O O O O O O O O O

O O O O O O O O O O

Distance of incomplete (final) lap:
_____ meters or feet *(circle one)*
Borg (perceived breathlessness): _____

Borg (perceived leg muscle fatigue): _____

14. Total distance walked

a. Distance: ___ ___ ___ ___

b. Units:
Meters (1)
Feet (2)

15. Total duration of test (ie, total time patient was on the course, including any rest periods):

___•___ ___
min

16. Is item 15 equal to 6.0:

Yes (1) No (*2)

→ **19.**

**If No and this is the s1, s2, s3, or rz assessment, patient must repeat the 6 minute walk until the walk lasts 6 minutes in order to be eligible for randomization.*

17. Borg scale rating for perceived breathlessness:

___ ___•___ ___

18. Borg scale rating for perceived leg muscle fatigue:

___ ___•___ ___

19. Reason(s) for test termination *(check "test lasted 6 minutes'' if test terminated at 6 minutes; otherwise check all that apply of items 19b-19i):*

a. Test lasted 6 minutes: (1)
→ **20.**

b. Chest pain: (1)

c. Near syncope: (1)

d. Ataxic gait: (1)

e. Lower extremity claudication: (1)

f. Mental confusion: (1)

g. Patient refused to continue: (1)

h. Staff request: (1)

i. Other, specify: (1)

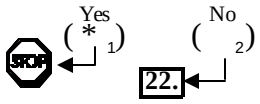
_____
specify

20. Is this the s1, s2, s3, or rz assessment:

Yes (1) No (2)

→ **22.**

21. Is there any reason to declare the patient ineligible for NETT based on this assessment:



_____

specify reason for ineligibility

*(*Complete section D, Administrative information. The patient is ineligible for NETT.)*

D. Administrative information

22. O_2 Titration/6 Minute Walk Tester PIN:

___ ___ ___

23. O_2 Titration/6 Minute Walk Tester signature:

_____

24. Clinic Coordinator PIN: ___ ___ ___

25. Clinic Coordinator signature:

_____

26. Date form reviewed:

___ ___ - ___ ___ - ___ ___

day mon year

MO - Form MO Oxygen Titration (rev 3)

Date file created: 13 May 2006
Observations: 5873
Variables: 31

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr strt	Num	8	
mo308	8 At least 2 hours since last meal	Char	1	
mo309	9 Short-acting bronchodilator in past	Char	1	
mo310	10 Pulse oximeter model	Char	1	
mo311	11 Pulse oximeter ECG-gated	Char	1	
mo312	12 Pulse oximeter probe site	Char	1	
mo313	13 SpO2 at end of resting titration (%)	Char	3	
mo314	14 Heart rate at end of resting titrati	Char	3	
mo315	15 Oxygen required at end of titration	Char	1	
mo316	16 Resting oxygen requirement	Char	2	
mo317	17 Reason for ending resting titration	Char	1	
mo318	18 O2 titration being done on same day	Char	1	
mo319	19 Treadmill speed for Part 1	Char	1	
mo320	20 Duration of Part 1 (<= 1 mph walk)	Char	2	
mo321	21 Lowest SpO2 in last minute	Char	3	
mo322	22 Heart rate linked to SpO2	Char	3	
mo323	23 O2 flow rate linked to SpO2	Char	2	
mo324	24 Reason for terminating Part 1	Char	1	
mo325	25 Part 1: Borg-perceived breathlessnes	Char	3	
mo326	26 Part 1: Borg-perceived leg muscle fa	Char	3	
mo327	27 Part 2 attempted	Char	1	
mo328	28 Treadmill speed for Part 2	Char	1	
mo329	29 Duration of Part 2	Char	1	
mo330	30 SpO2 at end of Part 2	Char	3	
mo331	31 O2 flow rate at end of Part 2	Char	2	
mo332	32 Reason for terminating Part 2	Char	1	
mo333	33 Patient can do 6min walk on 6L/min O	Char	1	
mo334	34 O2 prescription for 6 minute walk	Char	2	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Oxygen Titration

Purpose: Guide tester in performing resting and walking oxygen titration assessments and record data as obtained.
When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, and f24.
Administered by: O_2 Titration/6 Minute Walk Tester.
Instructions: Resting and walking oxygen titration assessments are done prior to the six minute walk. The patient should have taken a short-acting bronchodilator within 4 hours of testing, should not have eaten a meal within 2 hours of testing, and should be wearing loose fitting clothes and comfortable shoes. Fill in your alphabetic clinic ID code in the first part of item 7. If the titration is done in your pulmonary function lab, write in the lab's ID code in the second part of item 7. If the assessment is done elsewhere, enter "n" in the second part of item 7. If your pulse oximeter prints a report, mark the report with the patient's ID number and name code and attach the report to this form. The Part 2 walking titration is optional. If the patient does not do the Part 2 walk, the patient will use the oxygen flow in use at the end of Part 1 walk for the 6 minute walk.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code:

____ ____ ____ ____ ____

4. Visit date *(date of resting titration)*:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit code: ____ ____ ____

6. Form and revision: **m o 3**

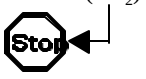
7. Lab ID *("n" if not applicable)*:

____ ____ ____ ____-____ ____
Clinic ID Lab ID

B. Checks on patient condition

8. Has it been at least 2 hours since the patient last ate a meal:

Yes (1) No (*2)

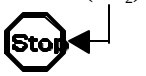


*(*Wait until it has been at least 2 hours since the patient last ate a meal; then check Yes and proceed with testing.)*

C. Resting oxygen titration

9. Has the patient taken a short-acting bronchodilator within 4 hours:

Yes (1) No (*2)



*(*Administer short-acting bronchodilator; and then check "Yes" and proceed with testing after 15 minutes.*)

10. Pulse oximeter manufacturer/model:

Criticare 504 USP	(1)
Nellcor N200	(2)
Ohmeda Biox 3740	(3)
Sensormedic 767501-102	(4)
Other *(specify)*:	(5)

manufacturer/model

11. Is pulse oximeter ECG-gated: Yes (1) No (2)

12. Pulse oximeter probe site:

Finger	(1)
Ear	(2)
Forehead	(3)
Other *(specify)*:	(4)

probe site

Instructions: The patient should be seated and instructed not to talk. Oxygen should be stopped. Start oxygen (nasal cannula only) if (a) SpO_2 is 85% or less at any time or (b) SpO_2 < 90% after 5 minutes on room air. If oxygen is started, increase oxygen in 1 L/min increments until SpO_2 just exceeds 90%; terminate the resting titration once SpO_2 exceeds 90% and is stable for 1 minute. If oxygen is not started and SpO_2 is 90% or more after 5 minutes on room air, the resting titration is over. At end of titration, record SpO_2, heart rate, and oxygen requirement. Terminate the titration if oxygen flow requirement ever exceeds 6 L/min.

Resting oxygen titration data:

13. SpO_2 at end of resting titration:

____ ____ ____
%

14. Heart rate at end of resting titration:

____ ____ ____
beats/min

15. Was the patient on oxygen at the end of titration:

Yes (1) No (2) → **17.**

16. Resting oxygen requirement at end of resting titration:

____ • ____
L/min

17. Reasons for terminating resting titration:

Normal termination by tester (1) → **18.**

Oxygen requirement > 6 L/min (*† 2) → **35.**

Abnormal termination by tester (*† 3) → **35.**

_____
specify

Terminated by patient (*† 4) → **35.**

_____
specify reason

*(*If this assessment is for s1, s2, s3, or rz, the patient is ineligible for the NETT. Complete Section F.)*

(†If this is a followup assessment, the patient may not do the walking titration or the 6 minute walk test. Complete Section F.)

D. Walking oxygen titration

18. Is the walking oxygen titration being done on the same day as the resting oxygen titration:

Yes (1) No (* 2)

**If No, explain why not and specify date of walking oxygen titration:*

_____
explain

_____
specify date

Instructions: All patients complete Part 1 of this assessment, treadmill walk at 1 mph or less. Patients who can walk at 1 mph with less than 6 L/min oxygen should attempt to do Part 2 of this assessment, treadmill walk at 2 mph or 3 mph. Part 2 is to be done immediately after Part 1 and should last no longer than 4 additional minutes. Record the lowest SpO_2 observed in each minute and the heart rate and oxygen delivery rate linked with the lowest SpO_2. Borg scores are recorded only for Part 1 and only if Part 1 terminates normally.

Part 1: ***Treadmill speed, 1st NETT titration:*** Begin walk on treadmill at 1 mph. Patients unable to maintain a pace of 1 mph may be titrated downward in the first minute of exertion to a tolerable pace. ***Treadmill speed, all subsequent NETT titrations:*** Use treadmill speed used in 1st NETT titration. If patient cannot sustain the speed used in the 1st NETT titration, a lower speed may be used. ***All titrations:*** Initial oxygen flow rate will be that at end of resting titration. Stand patient on the treadmill. If SpO_2 drops below 90%, titrate oxygen to a saturation between 90% and 94% and record saturation in time 0. Patient may keep his/her fingers on the rails to maintain balance but should not grip the rails. Have patient begin walking. If SpO_2 drops below 90%, increase oxygen flow by 1 L/min while patient continues walking. If SpO_2 does not increase to at least 90% within 1 minute, increase oxygen flow by an additional 1 L/min. Adjust oxygen flow by 1 L/min increments to maintain SpO_2 between 90% and 94%. If oxygen flow is incremented to keep $SpO_2 \geq 90\%$ and that increment results in $SpO_2 > 94\%$, you do not need to decrease oxygen flow. Do not adjust oxygen flow with fractional increments. Oxygen flow can be adjusted every minute, or more or less frequently at technician's discretion. Patient may rest at technician's discretion and then continue at the speed and oxygen flow in use when exercise halted. ***Criteria for termination:*** Maintenance of SpO_2 at least 90% and no greater than 94% for 3 minutes after last adjustment of oxygen flow (maintenance of $SpO_2 \geq 90\%$ for at least 3 minutes if oxygen is never started). If titration is terminated normally, administer Borg scale (Flash Card #8) for perceived breathlessness and leg muscle fatigue. Remind patient that 0 means no breathlessness (muscle fatigue) and 10 is the maximum he/she has ever felt. ***Abnormal termination:*** Terminate the titration if oxygen requirement exceeds 6 L/min.

Part 2: This part is optional. If done, do it immediately after Part 1 (ie, no interruption, patient continues to walk on treadmill). It should last no longer than 4 additional minutes. Within the first minute, increase treadmill speed to 2.0 or 3.0 mph (highest speed tolerated comfortably) while patient remains on the treadmill. If the patient is unable to walk comfortably at 2.0 mph, record the ending SpO_2 and oxygen flow rate and terminate the assessment. If the patient is able to continue with the Part 2 walk, the initial oxygen flow rate will be that at end of Part 1. If SpO_2 drops below 90%, increase oxygen flow by 1 L/min while patient continues walking. Continue to adjust oxygen flow in 1 L/min increments as needed to keep SpO_2 at or above 90%. Assessment ends when SpO_2 has been stable at or above 90% for 3 consecutive minutes or the 4 minute maximum is reached. Record SpO_2 and oxygen flow when the titration terminates.

Part 1: Treadmill speed *(after adjustment in 1st minute if necessary)*:

Time	Lowest SpO_2 (%) in min	Heart rate (beats/min) linked to lowest SpO_2 value	O_2 flow rate (L/min) linked to lowest SpO_2 value
0			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Borg *(perceived breathlessness)*:

Borg *(perceived leg muscle fatigue)*:

Part 2: Treadmill speed 2 mph or 3 mph

Time	Lowest SpO_2 (%) in min	Heart rate (beats/min) linked to SpO_2 value	O_2 flow rate (L/min) linked to SpO_2 value
1			
2			
3			
4			

SpO_2 at end (%):

O_2 flow rate at end (L/min):

19. Treadmill speed for Part 1 (≤ 1 mph walk):

1.0 mph (1)
Other *(specify)* (2)

_____
specify in mph

20. Duration of Part 1 (≤ 1 mph walk):

____ ____
min

21. Lowest SpO_2 in last minute (last SpO_2 value recorded in table for Part 1):

____ ____ ____
%

22. Heart rate linked to SpO_2 in item 21 (last heart rate value recorded in table for Part 1):

____ ____ ____
beats/min

23. Oxygen flow rate linked to SpO_2 in item 21 (last oxygen flow rate value recorded in table for Part 1) *(enter 0.0 if patient was not on oxygen)*:

____ . ____
L/min

24. Reason for terminating Part 1 (≤ 1 mph walk):

Normal termination by tester (1)
Oxygen requirement > 6 L/min (* 2) → **35.**
Abnormal termination by tester (* 3) → **35.**

_____
specify reason

Terminated by patient (* 4) → **35.**

_____
specify reason

*(*If this assessment is for s1, s2, s3, or rz, the patient is ineligible for NETT; if this is a followup assessment, the patient may not do the 6 minute walk test; complete Section F.)*

25. Borg scale rating for perceived breathlessness (Part 1):

____ ____ . ____

26. Borg scale rating for perceived leg muscle fatigue (Part 1):

____ ____ . ____

27. Was Part 2 (2.0/3.0 mph walk) attempted:

Yes (1) No (* 2) → **33.**

*(*Oxygen prescription for 6 minute walk is flow recorded in item 23.)*

28. Treadmill speed for Part 2 (2.0/3.0 mph walk):

2.0 mph (1)
3.0 mph (2)

29. Duration of Part 2 (2.0/3.0 mph walk) *(enter "0" if patient walked less than 30 seconds)*:

____
min

30. SpO_2 when Part 2 (2.0/3.0 mph walk) terminated:

____ ____ ____
%

31. Oxygen flow rate in use when Part 2 (2.0/3.0 mph walk) terminated *(enter 0.0 if oxygen was not in use at end of Part 2)*:

____ . ____
L/min

32. Reason for terminating Part 2 (2.0/3.0 mph walk):

SpO_2 stable at or above 90% for 3 consecutive minutes (* 1) → **34.**

4 minutes of walking without stabilization and oxygen requirement at end of Part 2 ≤ 5 L/min († 2) → **34.**

4 minutes of walking without stabilization and oxygen requirement at end of Part 2 is 6 L/min (‡ 3)

Patient could not walk at 2 mph comfortably (** 4)

Abnormal termination by tester (†† 5) → **35.**

_____
specify reason

Terminated by patient (** 6)

_____
specify reason

*(*Oxygen prescription for 6 minute walk is flow in use at end of Part 2.)*

(†Oxygen prescription for 6 minute walk is 1 L/min more than flow in use at end of Part 2.)

(‡Clinic staff should judge appropriateness of proceeding with the 6 minute walk with patient using 6 L/min oxygen.)

*(**Oxygen prescription for 6 minute walk is 1 L/min more than flow in use when the Part 2 walk terminated. If this addition of 1 L/min raises the oxygen flow to > 6 L/min, clinic staff should judge appropriateness of proceeding with the 6 minute walk with the patient using 6 L/min of oxygen.)*

(††If this assessment is for s1, s2, s3, or rz, the patient is ineligible for NETT; complete Section F. If this assessment is a followup assessment, the patient may not do the 6 minute walk test; complete Section F.)

E. Oxygen prescription for 6 minute walk

33. Do clinic staff judge that patient can do the 6 minute walk safely on 6 L/min oxygen or less:

Yes (1) No (2) → Stop

34. Oxygen prescription for 6 minute walk *(enter 0.0 if oxygen not required)*:

____ . ____
L/min

F. Administrative information

35. O_2 Titration/6 Minute Walk Tester PIN: ____ ____ ____

36. O_2 Titration/6 Minute Walk Tester signature:

_____

37. Clinic Coordinator PIN: ____ ____ ____

38. Clinic Coordinator signature:

_____

39. Date form reviewed:

____ ____-____ ____ ____-____
day mon year

MV - Form MV Missed or Incomplete Visit (rev 4)

Date file created: 13 May 2006
Observations: 1331
Variables: 45

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr strt	Num	8	
mv407	7 Was the entire visit missed?	Char	1	
mv410	10 Visit partially completed	Char	1	
mv408a	8a Ill	Char	1	
mv408b	8b Temporarily out of area	Char	1	
mv408c	8c Refused to return	Char	1	
mv408d	8d Permanently moved from area	Char	1	
mv408e	8e Unable to contact patient	Char	1	
mv408f	8f Physical condition precludes visit	Char	1	
mv408g	8g Mental condition precludes visit	Char	1	
mv408h	8h Other reason for missed visit	Char	1	
mv409a	9a Telephoned patient	Char	1	
mv409b	9b Mailed reminder card	Char	1	
mv409c	9c Other steps taken	Char	1	
mv411a	11a Blood and urine analyses (BU)	Char	1	
mv411b	11b Exercise testing (EW)	Char	1	
mv411c	11c Heart function (HF)	Char	1	
mv411d	11d Interim history (HI)	Char	1	
mv411e	11e O2 titration (MO)	Char	1	
mv411f	11f Six minute walk test (MM)	Char	1	
mv411g	11g Physical exam (PE)	Char	1	
mv411h	11h Pulmonary function (PF)	Char	1	
mv411i	11i Pulmonary mechanics (PM)	Char	1	
mv411j	11j MOS SF 36 (QF)	Char	1	
mv411k	11k St Georges respiratory quest (QG)	Char	1	
mv411l	11l Shortness of breath quest (QS)	Char	1	
mv411m	11m Quality of well-being scale (QW)	Char	1	
mv411n	11n CT scan (RC)	Char	1	
mv411o	11o Chest radiograph (RR)	Char	1	
mv411p	11p Trail making test (TM)	Char	1	
mv411q	11q Alternalte Trail making (TO)	Char	1	
mv411r	11r Cardiovascular Substudy (VC)	Char	1	
mv411s	11s ABG Exercise Substudy (ES)	Char	1	
mv411t	11t Other	Char	1	
mv412a	12a Patient was ill	Char	1	
mv412b	12b Patient refused procedure	Char	1	
mv412c	12c Procedure forgotten	Char	1	
mv412d	12d Other reason form not done	Char	1	
mv413a	13a Tried to reschedule procedure	Char	1	
mv413b	13b Tried to interview by phone	Char	1	
mv413c	13c Tried to gain cooperation	Char	1	
mv413d	13d Other attempt made	Char	1	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Missed or Incomplete Visit

( ) keyed **142**

Purpose: Record reason(s) for missed or incomplete visit.

When: Complete this form for any missed followup visit (f06, f12, f24, f36, f48, f60) or for any followup visit (f06, f12, f24, f36, f48, f60) for which some required form(s) was not completed. You may complete the form before the window for the visit has closed.

Respondent: None.

Completed by: Clinic Coordinator.

Instructions: Complete this form when a patient fails to complete a followup visit or specific followup visit procedures (resulting in missing forms) within the time window for the visit. Complete only one MV form per missed or incomplete visit. In item 4, fill in the current date (if the window is still open) or the date the time window closed (if the window is closed). Fill in item 5, Visit ID code, with the code for the missed or incomplete visit. Do not use this form to document missed scheduled telephone contacts (use Form AT instead).

A. Clinic, patient, and visit identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date:

____ ____ - ____ ____ - ____ ____
day mon year

5. Visit ID code: f ____ ____

6. Form & revision: m v 4

B. Reason for completion of this form

7. Was the entire visit missed?

( ) Yes (1) ( ) No (2)

→ **10.**

C. Missed visit information

8. Reason for missed visit *(check all that apply)*

a. Patient was ill: ( ) (1)

b. Patient was temporarily away from area: ( ) (1)

c. Patient refused to return: ( ) (1)

d. Patient has permanently moved from the area: ( ) (1)

e. Unable to contact patient: ( ) (1)

f. Patient's physical condition precludes attending visit: ( ) (1)

g. Patient's mental condition precludes attending visit: ( ) (1)

h. Other *(specify):* ( ) (1)

_____
specify

9. Steps taken to avoid missing the visit *(check all that apply)*

a. Telephoned patient: ( ) (1)

b. Mailed reminder card: ( ) (1)

c. Other *(specify):* ( ) (1)

_____
specify

→ **14.**

D. Incomplete visit information

10. Was part of the visit completed:

( ) Yes (1) ( ) No (2)

→ **14.**

11. Check form(s) not completed *(check all that apply)*

a. Blood and urine analyses (Form BU): (1)

b. Exercise testing (Form EW): (1)

c. Heart function (Form HF): (1)

d. Interim history (Form HI): (1)

e. O_2 titration (Form MO): (1)

f. Six minute walk test (Form MM): (1)

g. Physical examination (Form PE): (1)

h. Pulmonary function (Form PF): (1)

i. Pulmonary mechanics (Form PM): (*1)

j. MOS SF 36 (Form QF): (1)

k. St. George's respiratory questionnaire (Form QG): (1)

l. UCSD shortness of breath questionnaire (Form QS): (1)

m. Quality of well-being scale (Form QW): (1)

n. CT scan (Form RC): (1)

o. Chest radiograph (Form RR): (1)

p. Trail Making Test (Form TM; f24, f48): (1)

q. Alternate Trail Making Test (Form TO; f12, f36, f60): (1)

r. Cardiovascular Substudy (Form VC): (*1)

s. ABG Exercise Substudy (Form ES): (*1)

t. Other *(specify):* (1)

_____
specify

**Check only if patient is enrolled in the substudy and missed the procedure.*

12. Reason form(s) not completed *(check all that apply)*

a. Patient was ill: (1)

b. Patient refused procedure: (1)

c. Procedure forgotten: (1)

d. Other *(specify):* (1)

_____
specify

13. Attempts made to complete form(s) *(check all that apply)*

a. Attempted to reschedule procedure: (1)

b. Attempted to collect interview data by phone from patient: (1)

c. Attempted to gain patient cooperation: (1)

d. Other *(specify):* (1)

_____
specify

E. Administrative information

14. Date form reviewed:

___ ___ - ___ ___ - ___ ___
day mon year

15. Clinic Coordinator PIN: ___ ___ ___

16. Clinic Coordinator signature:

_____

PE - Form PE Physical Examination (rev 2)

Date file created: 13 May 2006
Observations: 6627
Variables: 39

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
pe207	7 S1 assessment?	Char	1	
pe212	12 BMI (kg/m**2)	Char	3	
pe215	15 Resting radial pulse (beats/min)	Char	3	
pe216	16 Respiratory rate (breaths/min)	Char	2	
pe217	17 Skin	Char	1	
pe218	18 Head, eyes, ENT	Char	1	
pe219	19 Neck	Char	1	
pe220	20 Lymphatic	Char	1	
pe221	21 Chest and lungs	Char	1	
pe223	23 Heart	Char	1	
pe225	25 Abdomen	Char	1	
pe226	26 Extremities	Char	1	
pe228	28 Nervous system	Char	1	
pe229	29 Influenza vaccine up-to-date	Char	1	
pe230	30 Pneumonia vaccine up-to-date	Char	1	
pe213a	13a Temperature (degrees)	Char	4	
pe213b	13b Fahrenheit/Centigrade	Char	1	
pe214a	14a Systolic blood pressure (mm/Hg)	Char	3	
pe214b	14b Diastolic blood pressure (mm/Hg)	Char	3	
pe222a	22a Dullness to percussion	Char	1	
pe222b	22b Rales or crackles	Char	1	
pe222c	22c Ronchi	Char	1	
pe222d	22d Wheezes	Char	1	
pe222e	22e Hyperresonance	Char	1	
pe222f	22f Hyperinflation	Char	1	
pe222g	22g Acute respiratory distress	Char	1	
pe222h	22h Other chest/lung abnormality	Char	1	
pe224a	24a Neck vein distension	Char	1	
pe224b	24b S3 gallop	Char	1	
pe224c	24c premature beats	Char	1	
pe224d	24d Other heart abnormality	Char	1	
pe227a	27a Edema	Char	1	
pe227b	27b Cyanosis	Char	1	
pe227c	27c Clubbing	Char	1	
pe227d	27d Other extremity abnormality	Char	1	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Physical Examination

Purpose: Record physical exam findings.

When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if the s1 assessment was done more than 21 days after the s3 physical), f06, f12, f18, f24, f36, f48, f60.

Administered by: Study Physician (pulmonary physician or thoracic surgeon) and Clinic Coordinator.

Respondent: Patient.

Instructions: Influenza vaccine should be given yearly. Pneumonia vaccination should be done every 5 years. Use a calculator for all calculations.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date:

____ ____ - ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: p e 2

B. Measurements

7. Is this the s1 assessment:

Yes (1) No (2)

13.

8. Units of height measurement performed:

Inches (1)
Centimeters (2)

9b.

9. Height

a. Height in inches: ____ ____ • ____
in.

b. Height in centimeters *(measured directly or item 9a x 2.54):*

____ ____ ____ • ____
cm.

10. Units of weight measurment performed:

Pounds (1)
Kilograms (2)

11b.

11. Weight

a. Weight in pounds:

____ ____ ____ • ____
lb.

b. Weight in kilograms *(measured directly or item 11a/2.2046):*

____ ____ ____ • ____
kg.

12. Body mass index, BMI
(kg/m^2; weight/[(ht/100)^2]; use a calculator):

____ ____ • ____
kg/m^2.

(Note: If this is a pre-randomization exam and BMI > 31.1 (males) or > 32.3 (females) at time of randomization, patient is ineligible for NETT. Clinic staff will need to judge whether patient should continue with screening or stop.)

13. Oral temperature

a. Degrees: ____ ____ ____ • ____

b. Scale:

Fahrenheit: (1)

Centigrade: (2)

14. Blood pressure

a. Systolic: ____ ____ ____
mmHg

b. Diastolic: ____ ____ ____
mmHg

15. Resting radial pulse: ___ ___ ___ beats/minute

16. Respiratory rate: ___ ___ breaths/min.

C. Examination findings

17. Skin:

Normal (1)

Abnormal (2) → **18.**

specify abnormality

18. Head, eyes, ears, nose, throat:

Normal (1)

Abnormal (2) → **19.**

specify abnormality

19. Neck:

Normal (1)

Abnormal (2) → **20.**

specify abnormality

20. Lymphatic:

Normal (1)

Abnormal (2) → **21.**

specify abnormality

21. Chest and lungs:

Normal (1)

Abnormal (2) → **23.**

22. Abnormality *(check all that apply)*

a. Dullness to percussion: (1)

b. Rales or crackles: (1)

c. Ronchi: (1)

d. Wheezes: (1)

e. Hyperresonance: (1)

f. Hyperinflation: (1)

g. Acute respiratory distress: (1)

h. Other *(specify):* (1)

specify abnormality

23. Heart:

Normal (1)

Abnormal (2) → **25.**

24. Abnormality *(check all that apply)*

a. Neck vein distension: (1)

b. S_3 gallop: (*1)

c. Premature beats: (1)

d. Other *(specify):* (1)

specify abnormality

*(*If this is a pre-randomization examination, evaluation by a cardiologist is required prior to randomization.)*

25. Abdomen:

Normal (1)

Abnormal (2) → **26.**

specify abnormality

26. Extremities:

Normal (1)

Abnormal (2) → **28.**

27. Abnormality *(check all that apply)*

a. Edema: (1)

b. Cyanosis: (1)

c. Clubbing: (1)

d. Other *(specify):* (1)

_____
specify abnormality

28. Nervous system:

Normal (1)

29. ↵

Abnormal (2)

_____
specify abnormality

D. Vaccinations

29. Is the patient up-to-date with respect to influenza vaccination:

Yes (1)

No, but not appropriate to vaccinate the patient at this time *(tell patient when he/she should be vaccinated or revaccinated)* (2)

No, patient will be vaccinated at this visit (3)

Other *(specify)* (4)

_____
specify

30. Is the patient up-to-date with respect to pneumonia vaccination (eg, pneumovax):

Yes (1)

No, but not appropriate to vaccinate the patient at this time *(tell patient when he/she should be vaccinated or revaccinated)* (2)

No, patient will be vaccinated at this visit (3)

Other *(specify)* (4)

_____
specify

E. Administrative information

31. Study Physician PIN: ___ ___ ___

32. Study Physician signature:

_____

33. Clinic Coordinator PIN: ___ ___ ___

34. Clinic Coordinator signature:

_____

35. Date form reviewed:

___ ___ - ___ ___ - ___ ___
day mon year

PM - Form PM Lung Mechanics (rev 3)

Date file created: 13 May 2006
Observations: 404
Variables: 104

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
newnett	New NETT patient ID no.	Char	5	
pm307	7 1st: Effort recorded	Char	1	
pm308	8 1st: Maximum volume (liters)	Char	4	
pm309	9 1st: Static recoil pressure (cmH2O)	Char	3	
pm310	10 1st: Pair of data points	Char	2	
pm312	12 2nd: Effort recorded	Char	1	
pm313	13 2nd: Maximum volume (liters)	Char	4	
pm314	14 2nd: Static recoil pressure (cmH2O)	Char	3	
pm315	15 2nd: Pair of data points	Char	2	
pm317	17 3rd: Effort recorded	Char	1	
pm318	18 3rd: Maximum volume (liters)	Char	4	
pm319	19 3rd: Static recoil pressure (cmH2O)	Char	3	
pm320	20 3rd: Pair of data points	Char	2	
pm322	22 Resistance measurements recorded	Char	1	
pm323	23 Inspiratory resistance (cm/L/sec)	Char	3	
pm324	24 Expiratory resistance (cm/L/sec)	Char	3	
pm325	25 Flow-volume curve recorded	Char	1	
pm326	26 FEV1 (liters)	Char	3	
pm327	27 FVC (liters)	Char	3	
pm328	28 Max peak flow rate (l/sec)	Char	4	
pm311a1	11a Pressure (cmH2O)	Char	3	
pm311a2	11a Absolute volume (liters)	Char	4	
pm311b1	11b Pressure (cmH2O)	Char	3	
pm311b2	11b Absolute volume (liters)	Char	4	
pm311c1	11c Pressure (cmH2O)	Char	3	
pm311c2	11c Absolute volume (liters)	Char	4	
pm311d1	11d Pressure (cmH2O)	Char	3	
pm311d2	11d Absolute volume (liters)	Char	4	
pm311e1	11e Pressure (cmH2O)	Char	3	
pm311e2	11e Absolute volume (liters)	Char	4	
pm311f1	11f Pressure (cmH2O)	Char	3	
pm311f2	11f Absolute volume (liters)	Char	4	
pm311g1	11g Pressure (cmH2O)	Char	3	
pm311g2	11g Absolute volume (liters)	Char	4	
pm311h1	11h Pressure (cmH2O)	Char	3	
pm311h2	11h Absolute volume (liters)	Char	4	
pm311i1	11i Pressure (cmH2O)	Char	3	
pm311i2	11i Absolute volume (liters)	Char	4	
pm311j1	11j Pressure (cmH2O)	Char	3	
pm311j2	11j Absolute volume (liters)	Char	4	
pm311k1	11k Pressure (cmH2O)	Char	3	
pm311k2	11k Absolute volume (liters)	Char	4	
pm3111l1	11l Pressure (cmH2O)	Char	3	
pm3111l2	11l Absolute volume (liters)	Char	4	
pm316a1	16a Pressure (cmH2O)	Char	3	
pm316a2	16a Absolute volume (liters)	Char	4	
pm316b1	16b Pressure (cmH2O)	Char	3	
pm316b2	16b Absolute volume (liters)	Char	4	
pm316c1	16c Pressure (cmH2O)	Char	3	
pm316c2	16c Absolute volume (liters)	Char	4	
pm316d1	16d Pressure (cmH2O)	Char	3	
pm316d2	16d Absolute volume (liters)	Char	4	
pm316e1	16e Pressure (cmH2O)	Char	3	
pm316e2	16e Absolute volume (liters)	Char	4	
pm316f1	16f Pressure (cmH2O)	Char	3	
pm316f2	16f Absolute volume (liters)	Char	4	

PM - Form PM Lung Mechanics (rev 3)

Date file created: 13 May 2006
Observations: 404
Variables: 104

Variable Name	Variable Label	Type	Variable Length	Format
pm316g1	16g Pressure (cmH2O)	Char	3	
pm316g2	16g Absolute volume (liters)	Char	4	
pm316h1	16h Pressure (cmH2O)	Char	3	
pm316h2	16h Absolute volume (liters)	Char	4	
pm316i1	16i Pressure (cmH2O)	Char	3	
pm316i2	16i Absolute volume (liters)	Char	4	
pm316j1	16j Pressure (cmH2O)	Char	3	
pm316j2	16j Absolute volume (liters)	Char	4	
pm316k1	16k Pressure (cmH2O)	Char	3	
pm316k2	16k Absolute volume (liters)	Char	4	
pm316l1	16l Pressure (cmH2O)	Char	3	
pm316l2	16l Absolute volume (liters)	Char	4	
pm321a1	21a Pressure (cmH2O)	Char	3	
pm321a2	21a Absolute volume (liters)	Char	4	
pm321b1	21b Pressure (cmH2O)	Char	3	
pm321b2	21b Absolute volume (liters)	Char	4	
pm321c1	21c Pressure (cmH2O)	Char	3	
pm321c2	21c Absolute volume (liters)	Char	4	
pm321d1	21d Pressure (cmH2O)	Char	3	
pm321d2	21d Absolute volume (liters)	Char	4	
pm321e1	21e Pressure (cmH2O)	Char	3	
pm321e2	21e Absolute volume (liters)	Char	4	
pm321f1	21f Pressure (cmH2O)	Char	3	
pm321f2	21f Absolute volume (liters)	Char	4	
pm321g1	21g Pressure (cmH2O)	Char	3	
pm321g2	21g Absolute volume (liters)	Char	4	
pm321h1	21h Pressure (cmH2O)	Char	3	
pm321h2	21h Absolute volume (liters)	Char	4	
pm321i1	21i Pressure (cmH2O)	Char	3	
pm321i2	21i Absolute volume (liters)	Char	4	
pm321j1	21j Pressure (cmH2O)	Char	3	
pm321j2	21j Absolute volume (liters)	Char	4	
pm321k1	21k Pressure (cmH2O)	Char	3	
pm321k2	21k Absolute volume (liters)	Char	4	
pm321l1	21l Pressure (cmH2O)	Char	3	
pm321l2	21l Absolute volume (liters)	Char	4	
pm329a	29a Flow at 90% FVC	Char	4	
pm329b	29b Flow at 80% FVC	Char	4	
pm329c	29c Flow at 70% FVC	Char	4	
pm329d	29d Flow at 60% FVC	Char	4	
pm329e	29e Flow at 50% FVC	Char	4	
pm329f	29f Flow at 40% FVC	Char	4	
pm329g	29g Flow at 30% FVC	Char	4	
pm329h	29h Flow at 20% FVC	Char	4	
pm329i	29i Flow at 10% FVC	Char	4	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Lung Mechanics

Purpose: Record lung mechanics data
When: Visits rz, f06, f48.
Administered by: Pulmonary Function Coordinator and Clinic Coordinator.
Respondent: None.
Instructions: Record as much information as is available. Code missing items as "m."

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code:

____ ____ ____ ____ ____

4. Visit date:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: **p m 3**

B. Pressure-volume curve *(record up to 3 efforts)*

7. Is there a first effort to record:

Yes (1) No (2)
22.

8. Maximum volume for 1st effort:

____ ____ . ____ ____
liters-BTPS

9. Static recoil pressure at maximum volume for 1st effort:

____ ____ . ____
cmH_2O

10. How many pairs of data points will you record for the 1st effort *(up to 12 pairs of data points may be recorded)*:

____ ____

11. Data points for 1st effort *(record pressure and absolute volume values in the specified formats)*

	Pressure (cmH_2O) (xx.x)	Absolute volume (L) (xx.xx)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

12. Is there a second effort to record:

Yes (1) No (2)
22.

13. Maximum volume for 2nd effort:

____ ____ . ____ ____
liters-BTPS

14. Static recoil pressure at maximum volume for 2nd effort:

____ ____ . ____
cmH_2O

15. How many pairs of data points will you record for the 2nd effort *(up to 12 pairs of data points may be recorded)*:

____ ____

16. Data points for 2nd effort *(record pressure and absolute volume values in the specified formats)*:

	Pressure (cmH_2O) (xx.x)	Absolute volume (L) (xx.xx)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

17. Is there a third effort to record:

Yes (1) No (2) → **22.**

18. Maximum volume for 3rd effort:

____ ____ . ____ ____
liters-BTPS

19. Static recoil pressure at maximum volume for 3rd effort:

____ ____ . ____
cmH_2O

20. How many pairs of data points will you record for the 3rd effort *(up to 12 pairs of data points may be recorded)*:

____ ____

21. Data points for 3rd effort *(record pressure and absolute volume values in the specified formats)*:

	Pressure (cmH_2O) (xx.x)	Absolute volume (L) (xx.xx)
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

C. Resistance during tidal breathing (esophageal balloon method, post bronchodilator; NOT from plethysmographic panting method)

22. Will resistance measurements measured with esophageal balloon technique be recorded:

Yes (1) No (2) → **25.**

23. Inspiratory resistance:

____ ____ . ____
$cmH_2O/L/sec$

24. Expiratory resistance:

____ ____ . ____
$cmH_2O/L/sec$

D. Maximal flow-volume curve *(record the curve with the greatest sum of FEV_1 plus FVC, post bronchodilator; record flow at deciles of FVC)*

25. Will the maximal flow-volume curve be recorded:

Yes (1) No (2)

→ **30.**

26. FEV_1: ____ ____ • ____ ____ liters-BTPS

27. FVC: ____ ____ • ____ ____ liters-BTPS

28. Maximum peak expiratory flow rate:

____ ____ ____ • ____ ____ liters/sec

29. Flow at deciles of FVC:

	Decile of FVC	Flow (liters/sec) (xx.xx)
a.	90% FVC	
b.	80% FVC	
c.	70% FVC	
d.	60% FVC	
e.	50% FVC	
f.	40% FVC	
g.	30% FVC	
h.	20% FVC	
i.	10% FVC	

E. Administrative information

30. Pulmonary Function Coordinator PIN:

____ ____ ____

31. Pulmonary Function Coordinator signature:

_____

32. Clinic Coordinator PIN: ____ ____ ____

33. Clinic Coordinator signature:

_____

34. Date form reviewed:

____ ____-____ ____ ____-____ ____

day mon year

PULMFUNC - Lung function values based on PF form (rev 4)

Date file created: 13 May 2006
Observations: 6727
Variables: 40

Variable Name	Variable Label	Type	Variable Length	Format
abgdate	abg date cnvrtd to #days frm RZ/scr strt	Num	8	
artcohb	Room air resting arterial CoHb (%)	Num	8	
artph	Room air resting arterial pH	Num	8	
dlco	DLCO, ml,min, mmHg STPD	Num	8	
dlcodate	DLCOdate cnvrtd to #days frm RZ/scr strt	Num	8	
dlcopp	DLCO % predicted	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
frc	Post BD mean FRC (plethys, liters-BTPS)	Num	8	
lvdate	LungVolDt cnvrtd to #days frmRZ/scr strt	Num	8	
mep	PEmax (MEP, cmH2O)	Num	8	
mip	PImax (MIP, cmH2O)	Num	8	
mipmepdt	MIPMEPDt cnvrtdto #days frm RZ/scr strt	Num	8	
mvv	Post BD MVV (L/min BTPS)	Num	8	
mvvdate	MVV date cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
paco2	Room air resting PaCO2 (mmHg)	Num	8	
pao2	Room air resting PaO2 (mmHg)	Num	8	
postfev1	Post BD FEV1 (liters-BTPS)	Num	8	
postfvc	Post BD FVC (liters-BTPS)	Num	8	
preddlco	Predicted DLCO (ml/min/mmHg STPD)	Num	8	
predfev1	Predicted FEV1 (liters-BTPS)	Num	8	
predfvc	Predicted FVC (liters-BTPS)	Num	8	
predrv	Predicted RV (liters-BTPS)	Num	8	
predtlc	Predicted TLC (liters-BTPS)	Num	8	
prefev1	Pre BD FEV1 (liters-BTPS)	Num	8	
prefevpp	Pre BD FEV1 % predicted	Num	8	
prefvc	Pre BD FVC (liters-BTPS)	Num	8	
prefvcpp	Pre BD FVC % predicted	Num	8	
pstfevpp	Post BD FEV1 % predicted	Num	8	
pstfvcpp	Post BD FVC % predicted	Num	8	
rv	Post BD RV (TLC-SVC, liters-BTPS)	Num	8	
rvpp	Post BD RV % predicted	Num	8	
spirodt	Spirodatecnvrtd to #days frmRZ/scr strt	Num	8	
svc	Post BD maximum SVC (liters-BTPS)	Num	8	
tlc	Post BD mean TLC (liters-BTPS)	Num	8	
tlcpp	Post BD mean TLC % predicted	Num	8	
valv	VALV (liters-BTPS)	Num	8	
vi	VI (liters-BTPS)	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Pulmonary Function Summary

( ) keyed 154

Purpose: To summarize the pulmonary function results.

When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, f24, f36, f48, f60 (at all visits)

Administered by: Pulmonary Function Coordinator and Clinic Coordinator.

Respondent: None.

Instructions: Spirometry should be performed with the patient in a sitting position. Transcribe the measured values from the pulmonary function laboratory and ABG reports and/or Pulmonary Function Worksheet (Form PW) to this form; reports should be marked with the patient's ID number and name code and stapled to this form. Use NETT predicted values where predicted values are requested; obtain the appropriate value from the patient's chart of predicted values. Spirometry should be done pre and post bronchodilator (BD); MVV, body plethysmography, D_LCO, and respiratory pressures should be performed post BD. Use a calculator for all calculations.

A. Clinic, visit, and patient identification

1. Clinic ID: ____

2. Patient ID: ____

3. Patient name code: ____

4. Visit date *(date pulmonary function testing initiated):*

____-____-____
day mon year

5. Visit ID code: ____

6. Form & revision: p f 4

7. Lab ID: ____-____
Clinic ID Lab ID

B. Spirometry

8. Was spirometry performed:

( ) Yes (1) ( ) No (2)

12. ◄

9. Pre BD values

a. FVC: ____.____
liters-BTPS

b. FEV_1: ____.____
liters-BTPS

10. Post BD values

a. FVC: ____.____
liters-BTPS

b. FEV_1: ____.____
liters-BTPS

c. Is this an s1, s2, s3, or rz assessment:

( ) Yes (1) ( ) No (2)

11. ◄

d. Predicted FEV_1 *(obtain from NETT chart for patient):*

____.____
liters-BTPS

e. Maximum of pre and post BD FEV_1 *(maximum of items 9b and 10b):*

____.____
liters-BTPS

f. FEV_1 % predicted *[(item 10e/item 10d) * 100]:*

____.____
%

11. Date spirometry performed:

____-____-____
day mon year

C. Post BD MVV

12. Was post BD MVV performed:

Yes (1) No (2)

→ **15.**

13. MVV: ___ ___ ___ • ___ ___
L/min BTPS

14. Date MVV performed:

___ ___ - ___ ___ - ___ ___
day mon year

D. Lung volumes (body plethysmography)

15. Were post BD lung volumes performed:

Yes (1) No (2)

→ **18.**

16. Post BD values

a. Mean TLC: ___ ___ • ___ ___
liters-BTPS

b. Maximum SVC: ___ • ___ ___
liters-BTPS

c. RV *(item 16a - item 16b):*

___ ___ • ___ ___
liters-BTPS

d. Mean FRC (plethys):

___ ___ • ___ ___
liters-BTPS

e. Is this an s1, s2, s3, or rz assessment:

Yes (1) No (2)

→ **17.**

f. Predicted TLC *(obtain from NETT chart for patient):*

___ ___ • ___ ___
liters-BTPS

g. Post BD TLC % predicted *[(item 16a/item 16f) * 100]:*

___ ___ ___
%

h. Predicted RV *(obtain from NETT chart for patient):*

___ • ___ ___
liters-BTPS

i. Post BD RV % predicted *[(item 16c/item 16h) * 100]:*

___ ___ ___
%

17. Date lung volumes performed:

___ ___ - ___ ___ - ___ ___
day mon year

E. Resting room air arterial blood gas analysis

18. Was arterial blood drawn:

Yes (1) No (2)

→ **22.**

19. Room air resting ABG values

a. PaO_2: ___ ___ ___
mmHg

b. $PaCO_2$: ___ ___
mmHg

c. pH: ___ • ___ ___

20. Arterial CoHb: ___ • ___
%

21. Date of arterial blood draw:

___ ___ - ___ ___ - ___ ___
day mon year

F. Diffusing capacity (D_LCO)

22. Was D_LCO performed *(s1/s2 and f12):*

(1) Yes (2) No → **25.**

23. D_LCO values

a. D_LCO *(uncorrected for hemoglobin, uncorrected for altitude):*

___ ___ • ___ ml/min/mmHg STPD

b. V_I: ___ • ___ ___ liters-BTPS

c. V_{ALV}: ___ • ___ ___ liters-BTPS

d. Is this an s1, s2, s3, or rz assessment:

(1) Yes (2) No → **24.**

e. Was the test performed in Denver:

(1) Yes (2) No → **23h.**

f. Alveolar PO_2 *(calculate as [(619 - 47) * 0.21 - (item 19b/0.8)]):*

___ ___ ___ mmHg.

g. Altitude corrected D_LCO *(calculate as item 23a * [1.0 + 0.0035 (item 23f - 120)]):*

___ ___ • ___ ml/min/mmHg STPD

h. Predicted D_LCO *(obtain from NETT chart for patient):*

___ ___ • ___ ml/min/mmHg STPD

i. D_LCO % predicted *[(item 23a or item 23g/item 23h) * 100]:*

___ ___ ___ %

24. Date D_LCO performed:

___ ___ – ___ ___ – ___ ___
day mon year

G. Respiratory mouth pressures

25. Were respiratory mouth pressures measured:

(1) Yes (2) No → **30.**

26. What units are the pressures measured in:

cm H_2O (1)

mm Hg (2)

27. PI_{max} (MIP): ___ ___ ___ ___

28. PE_{max} (MEP): ___ ___ ___ ___

29. Date respiratory mouth pressures measured:

___ ___ – ___ ___ – ___ ___
day mon year

H. Administrative information

30. Pulmonary Function Coordinator PIN: ___ ___ ___

31. Pulmonary Function Coordinator signature:

_____

32. Clinic Coordinator PIN: ___ ___ ___

33. Clinic Coordinator signature:

_____

34. Date form reviewed:

___ ___ – ___ ___ – ___ ___
day mon year

QB - Form QB Beck Depression Inventory (rev 2)

Date file created: 13 May 2006
Observations: 2000
Variables: 6

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
qb207	7 Beck inventory: score of 1st 13 items	Char	2	
qb208	8 Beck Inventory: score of last 8 items	Char	2	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Beck Depression Inventory

Purpose: To assist the psychosocial clinician in assessing depression.
When: At visit s1 as part of the Rehabilitation Evaluation (assessment must be completed before Core Rehabilitation begins).
Administered by: Rehabilitation staff and Clinic Coordinator.
Respondent: Patient.
Instructions: A label with the patient's ID, name code, and appropriate visit code (s1) should be affixed in the upper right corner of pages 2-7. The patient should complete pages 2-7 (items A-U). Staple page 1 to the completed questionnaire. The sum of the first 13 items (A-M) should be recorded, as well as the sum of the last 8 items (N-U). Note that item S (19) is scored as 0 if the respondent has been trying to lose weight. Only items on page 1 are keyed to the NETT database.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: **s 1** _____

6. Form & revision: **q b 2**

B. Administrative information

(To be completed by clinic staff)

7. Score of first 13 items (A-M): _____ _____ *(0-39)*

8. Score of last 8 items (N-U): _____ _____ *(0-24)*

9. Examiner name *(please print)*:

_____

10. Examiner signature:

_____

11. Clinic Coordinator PIN: _____ _____ _____

12. Clinic Coordinator signature:

_____

13. Date form reviewed:

_____ _____-_____ _____ _____-_____ _____
day mon year

Affix label here **159**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Beck Depression Inventory

Date: _____

Circle One

A. (1) I do not feel sad 0

I feel sad 1

I am sad all the time and I can't snap out of it 2

I am so sad or unhappy that I can't stand it 3

B. (2) I am not particularly discouraged about the future 0

I feel discouraged about the future 1

I feel I have nothing to look forward to 2

I feel that the future is hopeless and that things cannot improve 3

C. (3) I do not feel like a failure 0

I feel I have failed more than the average person 1

As I look back on my life, all I can see is a lot of failures 2

I feel I am a complete failure as a person 3

Affix label here **160**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

D. (4) I get as much satisfaction out of things as I used to 0

I don't enjoy things the way I used to 1

I don't get real satisfaction out of anything anymore 2

I am dissatisfied or bored with everything 3

E. (5) I don't feel I am particularly guilty 0

I feel guilty a good part of the time 1

I feel quite guilty most of the time 2

I feel guilty all of the time 3

F. (6) I don't feel I am being punished 0

I feel I may be punished 1

I expect to be punished 2

I feel I am being punished 3

G. (7) I don't feel disappointed in myself 0

I am disappointed in myself 1

I am disgusted with myself 2

I hate myself 3

Affix label here **161**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

H. (8) I don't feel I am any worse than anybody else 0

I am critical of myself for my weakness or mistakes 1

I blame myself all the time for my faults 2

I blame myself for everything that happens 3

I. (9) I don't have thoughts of killing myself 0

I have thoughts of killing myself, but I would not carry them out 1

I would like to kill myself 2

I would kill myself if I had the chance 3

J. (10) I don't cry any more than usual 0

I cry more now than I used to 1

I cry all the time now 2

I used to be able to cry, but now I can't even cry even though I want to 3

Affix label here **162**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

K. (11) I am no more irritated now then I ever am 0

I get annoyed or irritated more easily than I used to 1

I feel irritated all the time now 2

I don't get irritated at all by the things that used to irritate me 3

L. (12) I have not lost interest in other people 0

I am less interested in other people than I used to be 1

I have lost most of my interest in other people 2

I have lost all my interests in other people 3

M. (13) I make decisions about as well as I ever could 0

I put off making decisions more than I used to 1

I have greater difficulty in making decisions than before 2

I can't make decisions at all anymore 3

Affix label here **163**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

N. (14) I don't feel I look any worse than I used to 0

I am worried that I am looking old or unattractive 1

I feel that there are permanent changes in my appearance that make me look unattractive 2

I believe that I look ugly 3

O. (15) I can work about as well as before 0

It takes an extra effort to get started at doing something 1

I have to push myself very hard to do anything 2

I can't do any work at all 3

P. (16) I can sleep as well as usual 0

I don't sleep as well as I used to 1

I wake up 1-2 hours earlier than usual and find it hard to get back to sleep 2

I wake up several hours earlier than I used to and cannot get back to sleep 3

Affix label here **164**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

Q. (17) I don't get more tired than usual 0

I get tired more easily than I used to 1

I get tired from doing almost anything 2

I am too tired to do anything 3

R. (18) My appetite is no worse than usual 0

My appetite is not as good as it used to be 1

My appetite is much worse now 2

I have no appetite at all anymore 3

S. (19) I haven't lost much weight, if any, lately 0

I have lost more than 5 pounds 1

I have lost more than 10 pounds 2

I have lost more than 15 pounds 3

I am purposely trying to lose weight by eating less Yes _____ No _____

Affix label here **165**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Circle One

T. (20) I am no more worried about my health than usual 0

I am worried about physical problems such as aches and pains; or upset stomach; or constipation 1

I am very worried about physical problems and it's hard to think of much else 2

I am so worried about my physical problems, that I cannot think about anything else 3

U. (21) I have not noticed any recent change in my interest in sex 0

I am less interested in sex than I used to be 1

I am much less interested in sex now 2

I have lost interest in sex completely 3

QE - Form QE Self-Evaluation Questionnaire (rev 2)

Date file created: 13 May 2006
Observations: 1993
Variables: 6

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
newnett	New NETT patient ID no.	Char	5	
qe207a	7a Scoring: form Y-1	Char	2	
qe207b	7b Scoring: form Y-2	Char	2	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Self-Evaluation Questionnaire

Purpose: To help staff determine initial pulmonary rehabilitation prescription with respect to psychosocial counseling.
When: At visit s1 as part of the Rehabilitation Evaluation (assessment must be completed before Core Rehabilitation begins).
Administered by: Rehabilitation staff and Clinic Coordinator.
Respondent: Patient.
Instructions: A label with the patient's ID, name code, and appropriate visit code (s1) should be affixed on pages 2-4. The patient should complete pages 2-3 (items 1-40). The Y-1 and Y-2 scores should be calculated using the scoring key on page 4. Only items on page 1 are keyed to the NETT database. Staple pages 1-4 together at the close of the assessment.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code:

____ ____ ____ ____ ____

4. Visit date:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit code: **s 1** ____

6. Form & revision: **q e 2**

B. Administrative information

(To be completed by clinic staff)

7. Scoring

a. Form Y-1 *(sum of weights for items 1-20)*

____ ____
(20-80)

b. Form Y-2 *(sum of weights for items 21-40)*

____ ____
(20-80)

8. Examiner

a. Name *(please print)*:

_____

b. Signature:

_____

9. Clinic Coordinator

a. PIN: ____ ____ ____

b. Signature:

_____

10. Date form reviewed:

____ ____-____ ____ ____-____ ____
day mon year

Affix label here
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __
Visit ID: __ __ __

SELF-EVALUATION QUESTIONNAIRE - Form Y-1

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	1	2	3	4
2. I feel secure	1	2	3	4
3. I am tense	1	2	3	4
4. I am strained	1	2	3	4
5. I feel at ease	1	2	3	4
6. I feel upset	1	2	3	4
7. I am presently worrying over possible misfortunes	1	2	3	4
8. I feel satisfied	1	2	3	4
9. I feel frightened	1	2	3	4
10. I feel comfortable	1	2	3	4
11. I feel self-confident	1	2	3	4
12. I feel nervous	1	2	3	4
13. I am jittery	1	2	3	4
14. I feel indecisive	1	2	3	4
15. I am relaxed	1	2	3	4
16. I feel content	1	2	3	4
17. I am worried	1	2	3	4
18. I feel confused	1	2	3	4
19. I feel steady	1	2	3	4
20. I feel pleasant	1	2	3	4

Affix label here

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Visit ID: __ __ __

SELF-EVALUATION QUESTIONNAIRE - Form Y-2

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel.

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21. I feel pleasant	1	2	3	4
22. I feel nervous and restless	1	2	3	4
23. I feel satisfied with myself	1	2	3	4
24. I wish I could be as happy as others seem to be	1	2	3	4
25. I feel like a failure	1	2	3	4
26. I feel rested	1	2	3	4
27. I am "calm, cool, and collected"	1	2	3	4
28. I feel that difficulties are piling up so that I cannot overcome them	1	2	3	4
29. I worry too much over something that really doesn't matter	1	2	3	4
30. I am happy	1	2	3	4
31. I have disturbing thoughts	1	2	3	4
32. I lack self-confidence	1	2	3	4
33. I feel secure	1	2	3	4
34. I make decisions easily	1	2	3	4
35. I feel inadequate	1	2	3	4
36. I am content	1	2	3	4
37. Some unimportant thought runs through my mind and bothers me	1	2	3	4
38. I take disappointments so keenly that I can't put them out of my mind	1	2	3	4
39. I am a steady person	1	2	3	4
40. I get in a state of tension or turmoil as I think over my recent concerns and interests	1	2	3	4

Affix label here

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Visit ID: __ __ __

SELF-EVALUATION QUESTIONNAIRE SCORING KEY (Form Y-1, Y-2)

DIRECTIONS:

To use this stencil, fold this sheet in half and line up with the appropriate test page, either Form Y-1 or Form Y-2. Simply total the scoring **weights** shown on the stencil for each response category. For example, for question #1, if the respondent marked 3, then the **weight** would be 2.

Form Y-1

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1.	**4**	**3**	**2**	**1**
2.	**4**	**3**	**2**	**1**
3.	**1**	**2**	**3**	**4**
4.	**1**	**2**	**3**	**4**
5.	**4**	**3**	**2**	**1**
6.	**1**	**2**	**3**	**4**
7.	**1**	**2**	**3**	**4**
8.	**4**	**3**	**2**	**1**
9.	**1**	**2**	**3**	**4**
10.	**4**	**3**	**2**	**1**
11.	**4**	**3**	**2**	**1**
12.	**1**	**2**	**3**	**4**
13.	**1**	**2**	**3**	**4**
14.	**1**	**2**	**3**	**4**
15.	**4**	**3**	**2**	**1**
16.	**4**	**3**	**2**	**1**
17.	**1**	**2**	**3**	**4**
18.	**1**	**2**	**3**	**4**
19.	**4**	**3**	**2**	**1**
20.	**4**	**3**	**2**	**1**

Form Y-2

	ALMOST NEVER	SOMETIMES	OFTEN	ALMOST ALWAYS
21.	**4**	**3**	**2**	**1**
22.	**1**	**2**	**3**	**4**
23.	**4**	**3**	**2**	**1**
24.	**1**	**2**	**3**	**4**
25.	**1**	**2**	**3**	**4**
26.	**4**	**3**	**2**	**1**
27.	**4**	**3**	**2**	**1**
28.	**1**	**2**	**3**	**4**
29.	**1**	**2**	**3**	**4**
30.	**4**	**3**	**2**	**1**
31.	**1**	**2**	**3**	**4**
32.	**1**	**2**	**3**	**4**
33.	**4**	**3**	**2**	**1**
34.	**4**	**3**	**2**	**1**
35.	**1**	**2**	**3**	**4**
36.	**4**	**3**	**2**	**1**
37.	**1**	**2**	**3**	**4**
38.	**1**	**2**	**3**	**4**
39.	**4**	**3**	**2**	**1**
40.	**1**	**2**	**3**	**4**

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 SPAID-AD Scoring Key

QF - Form QF MOS 36-Item Short-Form Health Survey (rev 2)

Date file created: 13 May 2006
Observations: 7377
Variables: 58

Variable Name	Variable Label	Type	Variable Length	Format
emotwb	SF36 Sherbourne: emotional well-being	Num	8	
enerfat	SF36 Sherbourne: energy/fatigue	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
genhlth	SF36 Sherbourne: general health	Num	8	
limemot	SF36 Sherbourne: limits due to emotions	Num	8	
limhlth	SF36 Sherbourne: limits due to health	Num	8	
mcs	SF36 Ware: mental component scale	Num	8	
newnett	New NETT patient ID no.	Char	5	
pain	SF36 Sherbourne: pain	Num	8	
pcs	SF36 Ware: physical component scale	Num	8	
physfunc	SF36 Sherbourne: physical functioning	Num	8	
qf210	10 Health, in general	Char	1	
qf211	11 Health now compared to 1 yr ago	Char	1	
qf215	15 Physical health interfered w/activit	Char	1	
qf216	16 Bodily pain in past 4 weeks	Char	1	
qf217	17 Pain interfered with normal work	Char	1	
qf219	19 Health interfered with social activi	Char	1	
qf212a	12a Vigorous activities	Char	1	
qf212b	12b Moderate activities	Char	1	
qf212c	12c Lifting/carrying groceries	Char	1	
qf212d	12d Climbing several flights of stairs	Char	1	
qf212e	12e Climbing one flight of stairs	Char	1	
qf212f	12f Bending, kneeling, stooping	Char	1	
qf212g	12g Walking more than a mile	Char	1	
qf212h	12h Walking several blocks	Char	1	
qf212i	12i Walking one block	Char	1	
qf212j	12j Bathing/dressing self	Char	1	
qf213a	13a Cut down time working	Char	1	
qf213b	13b Accomplished less than liked	Char	1	
qf213c	13c Limited activities	Char	1	
qf213d	13d Difficulty performing activities	Char	1	
qf214a	14a Cut down time working	Char	1	
qf214b	14b Accomplished less than liked	Char	1	
qf214c	14c Was less careful	Char	1	
qf218a	18a Feel full of pep	Char	1	
qf218b	18b Been nervous	Char	1	
qf218c	18c Felt down in the dumps	Char	1	
qf218d	18d Felt calm and peaceful	Char	1	
qf218e	18e Have lots of energy	Char	1	
qf218f	18f Felt downhearted and blue	Char	1	
qf218g	18g Felt worn out	Char	1	
qf218h	18h Been happy	Char	1	
qf218i	18i Felt tired	Char	1	
qf220a	20a Get sick easier than other people	Char	1	
qf220b	20b Healthy as anybody	Char	1	
qf220c	20c Expect health to get worse	Char	1	
qf220d	20d Health is excellent	Char	1	
socfunc	SF36 Sherbourne: social functioning	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	
wgenhlth	SF36 Ware: general health	Num	8	
wmenhlth	SF36 Ware: mental health	Num	8	
wpain	SF36 Ware: pain	Num	8	
wphyfunc	SF36 Ware: physical functioning	Num	8	
wrolemot	SF36 Ware: role emotions	Num	8	
wrolephy	SF36 Ware: role physical	Num	8	
wsocfunc	SF36 Ware: social functioning	Num	8	
wvital	SF36 Ware: vitality	Num	8	

MOS 36-Item Short-Form Health Survey

Purpose: To obtain the patient's views of his/her health.
When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, f18, f24, f36, f48, f60.
Administered by: Self-administered, but Quality of Life Assessor must be available at visits to answer questions and review completed forms.
Respondent: Patient without help from spouse or family.
Instructions: Clinic staff complete page 1 of this form; the patient completes pages 2-8. A QOL label (with patient ID, name code, and appropriate visit code) should be affixed to the upper right corner of pages 2-8. **Pre randomization:** The patient should meet with the Quality of Life Assessor, be trained in completion of the form, and then should complete the form. The Quality of Life Assessor should review the completed form for missing responses and resolve any problems before the patient leaves the clinic. Page 1 should then be completed by clinic staff and re-attached to pages 2-8. **Post randomization:** Pages 2-8 should be mailed to the patient 2 weeks prior to the scheduled NETT clinic visit with instructions to complete the form at home and to bring the completed form to the next NETT clinic visit. When the patient returns for the visit, the Quality of Life Assessor should review the form for completeness and obtain responses for missing items during the clinic visit. If the patient did not bring a completed form to the visit, the patient should complete the form at the visit. Page 1 should be completed by clinic staff and re-attached to pages 2-8. Use the date the form was completed for the visit date. If the patient did not write in a date, use the date of the clinic visit for the visit date.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date *(date patient completed the form)*:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: _____ _____ _____

6. Form & revision: **q f 2**

B. Administrative information

(To be completed by clinic staff after survey is completed.)

7. Quality of Life Assessor
- **a**. PIN: _____ _____ _____
- **b**. Signature: _____

8. Clinic Coordinator
- **a**. PIN: _____ _____ _____
- **b**. Signature: _____

9. Date form reviewed:

_____ _____-_____ _____ _____-_____ _____
day mon year

Affix label here **173**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

MOS 36-Item Short-Form Health Survey

Instructions: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

(Items 1-9 are reserved for clinic use.)

10. In general, would you say your health is:

Circle One

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

11. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same	3
Somewhat worse now than one year ago	4
Much worse now than one year ago	5

Affix label here **174**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

12. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Activities	Circle one		
	Yes, limited a lot	**Yes, limited a little**	**No, not limited at all**
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports:	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:	1	2	3
c. Lifting or carrying groceries:	1	2	3
d. Climbing several flights of stairs:	1	2	3
e. Climbing one flight of stairs:	1	2	3
f. Bending, kneeling, or stooping:	1	2	3
g. Walking more than a mile:	1	2	3
h. Walking several blocks:	1	2	3
i. Walking one block:	1	2	3
j. Bathing or dressing yourself:	1	2	3

Affix label here 175
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

13. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Circle one	
	Yes	**No**
a. Cut down on the amount of time you spent on work or other activities:	1	2
b. Accomplished less than you would like:	1	2
c. Were limited in the kind of work or other activities:	1	2
d. Had difficulty performing the work or activities (for example, it took extra effort):	1	2

14. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Circle one	
	Yes	**No**
a. Cut down on the amount of time you spent on work or other activities:	1	2
b. Accomplished less than you would like:	1	2
c. Didn't do work or other activities as carefully as usual:	1	2

Affix label here 176
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

15. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Circle One

Not at all 1
Slightly 2
Moderately 3
Quite a bit 4
Extremely 5

16. How much bodily pain have you had during the past 4 weeks?

None 1
Very mild 2
Mild 3
Moderate 4
Severe 5
Very severe 6

Affix label here 177
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

17. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Circle One

Not at all 1

A little bit 2

Moderately 3

Quite a bit 4

Extremely 5

18. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

	Circle one					
	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6

Affix label here **178**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

	Circle one					
	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

19. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

Circle One

All of the time 1

Most of the time 2

Some of the time 3

A little of the time 4

None of the time 5

Affix label here **179**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

20. How TRUE or FALSE is *each* of the following statements for you.

	Circle one				
	Definitely true	**Mostly true**	**Don't know**	**Mostly false**	**Definitely false**
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5

21. Date completed:

_____

Please bring this completed survey with you to your scheduled NETT clinic visit.

QG - Form QG The St Georges Respiratory Questionnaire (rev 2)

Date file created: 13 May 2006
Observations: 7383
Variables: 59

Variable Name	Variable Label	Type	Variable Length	Format
act	SGRQ activity score	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
imp	SGRQ impact score	Num	8	
newnett	New NETT patient ID no.	Char	5	
qg210	10 Coughed over last year	Char	1	
qg211	11 Brought up phlegm over last year	Char	1	
qg212	12 Had shortness of breath over last ye	Char	1	
qg213	13 Had wheezing attacks over last year	Char	1	
qg214	14 Had chest trouble over last year	Char	1	
qg215	15 Length of attack of chest trouble	Char	1	
qg216	16 Number of good days/week	Char	1	
qg217	17 Wheeze worse in the morning	Char	1	
qg218	18 Describe chest condition	Char	1	
qg219	19 Chest trouble affects work	Char	1	
qg220	20 Breathless when sitting/lying still	Char	1	
qg221	21 Breathless when washing/dressing	Char	1	
qg222	22 Breathless when walking around house	Char	1	
qg223	23 Breathless when walking on level	Char	1	
qg224	24 Breathless when walking up stairs	Char	1	
qg225	25 Breathless when walking hills	Char	1	
qg226	26 Breathless when playing sports	Char	1	
qg227	27 Cough hurts	Char	1	
qg228	28 Cough makes me tired	Char	1	
qg229	29 Breathless when I talk	Char	1	
qg230	30 Breathless when I bend over	Char	1	
qg231	31 Cough disturbs sleep	Char	1	
qg232	32 Get exhausted easily	Char	1	
qg233	33 Cough is embarrassing	Char	1	
qg234	34 Chest trouble is nuisance to family/	Char	1	
qg235	35 Panic when cannot get breath	Char	1	
qg236	36 Feel not in control of chest problem	Char	1	
qg237	37 Do not expect chest to get better	Char	1	
qg238	38 Frail because of chest	Char	1	
qg239	39 Exercise is not safe	Char	1	
qg240	40 Everything seems too much of an effo	Char	1	
qg241	41 Medication does not help very much	Char	1	
qg242	42 Embarrassed to use medication in pub	Char	1	
qg243	43 Unpleasant side effects from medicin	Char	1	
qg244	44 Medication interferes with life a lo	Char	1	
qg245	45 Takes a long time to wash/dress	Char	1	
qg246	46 Takes a long time to take bath/showe	Char	1	
qg247	47 Walk slower than other people	Char	1	
qg248	48 Housework takes a long time	Char	1	
qg249	49 Walk slowly up stairs or stop	Char	1	
qg250	50 Must slow down/stop if walk fast	Char	1	
qg251	51 Difficult to do easy things	Char	1	
qg252	52 Difficult to do moderate things	Char	1	
qg253	53 Difficult to do strenous things	Char	1	
qg254	54 Cannot play sports or games	Char	1	
qg255	55 Cannot go out for entertainment	Char	1	
qg256	56 Cannot go out shopping	Char	1	
qg257	57 Cannot do housework	Char	1	
qg258	58 Cannot go far from bed or chair	Char	1	
qg259	59 How chest affects patient	Char	1	
qg241a	41a Take any medications	Char	1	
sgrqtot	SGRQ overall score	Num	8	
symp	SGRQ symptoms score	Num	8	

QG - Form QG The St Georges Respiratory Questionnaire (rev 2)

Date file created: 13 May 2006
Observations: 7383
Variables: 59

Variable Name	Variable Label	Type	Variable Length	Format
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

The St. George's Respiratory Questionnaire

Purpose: To learn more about how the patient's breathing troubles him/her and affects his/her life.
When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, f18, f24, f36, f48, f60.
Administered by: Self-administered, but Quality of Life Assessor must be available at visits to answer questions and review completed questionnaires.
Respondent: Patient without help from spouse or family.
Instructions: Clinic staff complete page 1 of this form; the patient completes pages 2-13. A QOL label (with patient ID, name code, and appropriate visit code) should be affixed to the upper right corner of pages 2-13. **Pre randomization:** The patient should meet with the Quality of Life Assessor, be trained in completion of the form, and then should complete the form. The Quality of Life Assessor should review the completed form for missing responses and resolve any problems before the patient leaves the clinic. Page 1 should then be completed by clinic staff and re-attached to pages 2-13. **Post randomization:** Pages 2-13 should be mailed to the patient 2 weeks prior to the scheduled NETT clinic visit with instructions to complete the form at home and to bring the completed form to the next NETT clinic visit. When the patient returns for the visit, the Quality of Life Assessor should review the form for completeness and obtain responses for missing items during the clinic visit. If the patient did not bring a completed form to the visit, the patient should complete the form at the visit. Page 1 should be completed by clinic staff and re-attached to pages 2-13. Use the date the form was completed for the visit date. If the patient did not write in a date, use the date of the clinic visit for the visit date.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date *(date patient completed the form)*:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: _____ _____ _____

6. Form & revision: **q g 2**

B. Administrative information

(To be completed by clinic staff after questionnaire is completed)

7. Quality of Life Assessor
a. PIN: _____ _____ _____
b. Signature:

_____

8. Clinic Coordinator
a. PIN: _____ _____ _____
b. Signature:

_____

9. Date form reviewed:

_____ _____-_____ _____ _____-_____ _____
day mon year

Affix label here 183

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

The St. George's Respiratory Questionnaire

This questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you the most problems, rather than what the doctors and nurses think your problems are.

Please read the instructions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

(Items 1-9 are reserved for clinic use.)

Part 1

Questions about how much chest trouble you have had over the last year. Please circle one answer for each question.

10. Over the last year, I have coughed:

	Circle One
Most days a week	1
Several days a week	2
A few days a month	3
Only with chest infections	4
Not at all	5

Affix label here **184**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

11. Over the last year, I have brought up phlegm (sputum):

Circle One

Most days a week 1

Several days a week 2

A few days a month 3

Only with chest infections 4

Not at all 5

12. Over the last year, I have had shortness of breath:

Most days a week 1

Several days a week 2

A few days a month 3

Only with chest infections 4

Not at all 5

Affix label here **185**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

13. Over the last year, I have had attacks of wheezing:

Circle One

Most days a week 1

Several days a week 2

A few days a month 3

Only with chest infections 4

Not at all 5

14. During the last year, how many severe or very unpleasant attacks of chest trouble have you had:

More than 3 attacks 1

3 attacks 2

2 attacks 3

1 attack 4

No attacks 5

Go to 16.

Affix label here **186**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

15. How long did the worst attack of chest trouble last:

Circle One

A week or more 1

3 or more days 2

1 or 2 days 3

Less than a day 4

16. Over the last year, in an average week, how many good days (with little chest trouble) have you had:

No good days 1

1 or 2 good days 2

3 or 4 good days 3

Nearly every day is good 4

Every day is good 5

17. If you have a wheeze, is it worse in the morning:

No 1

Yes 2

Don't have a wheeze 3

Affix label here 187

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Part 2

Section 1

18. How would you describe your chest condition:

Circle One

The most important problem I have	1
Causes me quite a lot of problems	2
Causes me a few problems	3
Causes no problem	4

19. If you have ever had paid employment:

My chest trouble made me stop work	1
My chest trouble interferes/interfered with my work or made me change my work	2
My chest trouble does not/did not affect my work	3
Never had paid employment	4

Affix label here **188**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Section 2

Questions about what activities usually make you feel breathless these days. For each item, please circle either 1 for True or 2 for False as it applies to you.

	Circle One	
	TRUE	**FALSE**
20. Sitting or lying still:	1	2
21. Getting washed or dressed:	1	2
22. Walking around the home:	1	2
23. Walking outside on the level:	1	2
24. Walking up a flight of stairs:	1	2
25. Walking hills:	1	2
26. Playing sports or games:	1	2

Section 3

Some more questions about your cough and breathlessness these days. For each item, please circle either 1 for True or 2 for False as it applies to you.

	Circle One	
	TRUE	**FALSE**
27. My cough hurts:	1	2
28. My cough makes me tired:	1	2

Affix label here **189**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

	Circle One TRUE	FALSE
29. I am breathless when I talk:	1	2
30. I am breathless when I bend over:	1	2
31. My cough or breathing disturbs my sleep:	1	2
32. I get exhausted easily:	1	2

Section 4

Questions about other effects that your chest trouble may have on you these days. For each item, please circle 1 for True or 2 for False as it applies to you.

	Circle One TRUE	FALSE
33. My cough or breathing is embarrassing in public:	1	2
34. My chest trouble is a nuisance to my family, friends, or neighbors:	1	2
35. I get afraid or panic when I cannot get my breath:	1	2
36. I feel that I am not in control of my chest problem:	1	2
37. I do not expect my chest to get any better:	1	2
38. I have become frail or an invalid because of my chest:	1	2

Affix label here **190**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

	Circle One TRUE	FALSE
39. Exercise is not safe for me:	1	2
40. Everything seems too much of an effort:	1	2

Section 5

41a. Do you take any medications: **YES** 1 **NO** 2

Go to 45.

Questions about your medication. To complete this section, please circle either 1 for True or 2 for False as it applies to you.

	Circle One TRUE	FALSE
41. My medication does not help me very much:	1	2
42. I get embarrassed using my medication in public:	1	2
43. I have unpleasant side effects from my medication:	1	2
44. My medication interferes with my life a lot:	1	2

Affix label here 191

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Section 6

These are questions about how your activities might be affected by your breathing. For each question, please circle 1 for True if one or more parts applies to you because of your breathing. Otherwise, circle 2 for False.

		Circle One	
		TRUE	**FALSE**
45.	I take a long time to get washed or dressed:	1	2
46.	I cannot take a bath or shower, or I take a long time:	1	2
47.	I walk slower than other people, or I stop for rests:	1	2
48.	Jobs such as housework take a long time, or I have to stop for rests:	1	2
49.	If I walk up one flight of stairs, I have to go slowly or stop:	1	2
50.	If I hurry or walk fast, I have to stop or slow down:	1	2
51.	My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, play bowls, or play golf:	1	2
52.	My breathing makes it difficult to do things such as carry heavy loads, dig the garden or shovel snow, jog or walk at 5 miles per hour, play tennis or swim:	1	2
53.	My breathing makes it difficult to do things such as very heavy manual work, run, cycle, swim fast or play competitive sports:	1	2

Affix label here **192**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Section 7

We would like to know how your chest trouble usually affects your daily life. Please circle either 1 for True or 2 for False as it applies to you because of your chest trouble. (Remember that True only applies to you if you can not do something because of your breathing.)

	Circle One	
	TRUE	**FALSE**
54. I cannot play sports or games:	1	2
55. I cannot go out for entertainment or recreation:	1	2
56. I cannot go out of the house to do the shopping:	1	2
57. I cannot do housework:	1	2
58. I cannot move far from my bed or chair:	1	2

Affix label here **193**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Here is a list of other activities that your chest trouble may prevent you doing. (You do not have to circle these, they are just to remind you of ways in which your breathlessness may affect you):

Going for walks or walking the dog

Doing things at home or in the garden

Sexual intercourse

Going out to church, or place of entertainment

Going out in bad weather or into smoky rooms

Visiting family or friends or playing with children

Please write in any other important activities that your chest trouble may stop you doing:

_____

_____

_____

Affix label here **194**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

59. Now, would you circle (one only) which you think best describes how your chest affects you:

Circle One

It does not stop me doing anything I would like to do 1

It stops me doing one or two things I would like to do 2

It stops me doing most of the things I would like to do 3

It stops me doing everything I would like to do 4

60. Date completed:

_____

Please bring this completed questionnaire with your to your scheduled NETT clinic visit.

QS - Form QS UCSD Med Center Pulmonary Rehab Shortness-of-Breath Questionnaire (rev 2)

Date file created: 13 May 2006
Observations: 7385
Variables: 29

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
qs210	10 Breathlessness, at rest	Char	1	
qs211	11 Walking on a level at own pace	Char	1	
qs212	12 Walking on a level w/others same age	Char	1	
qs213	13 Walking up a hill	Char	1	
qs214	14 Walking up stairs	Char	1	
qs215	15 Breathlessness, while eating	Char	1	
qs216	16 Breathlessness, standing up from chai	Char	1	
qs217	17 Breathlessness, brushing teeth	Char	1	
qs218	18 Breathlessness, shaving/brushing hair	Char	1	
qs219	19 Breathlessness, showering/bathing	Char	1	
qs220	20 Breathlessness, dressing	Char	1	
qs221	21 Breathlessness, picking up	Char	1	
qs222	22 Breathlessness, doing dishes	Char	1	
qs223	23 Breathlessness, sweeping/vacuuming	Char	1	
qs224	24 Breathlessness, making bed	Char	1	
qs225	25 Breathlessness, shopping	Char	1	
qs226	26 Breathlessness, doing laundry	Char	1	
qs227	27 Breathlessness, washing car	Char	1	
qs228	28 Breathlessness, mowing lawn	Char	1	
qs229	29 Breathlessness, watering lawn	Char	1	
qs230	30 Breathlessness, sexual activities	Char	1	
qs231	31 Shortness of breath	Char	1	
qs232	32 Fear of hurting self by overexertion	Char	1	
qs233	33 Fear of shortness of breath	Char	1	
sobqtot	UCSD SOBQ total score	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

UCSD Medical Center
Pulmonary Rehabilitation Program
Shortness-of-Breath Questionnaire

Purpose: To obtain the patient's views of his/her shortness of breath.
When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, f18, f24, f36, f48, f60.
Administered by: Self-administered, but Quality of Life Assessor must be available at visits to answer questions and review completed forms.
Respondent: Patient without help from spouse or family.
Instructions: Clinic staff complete page 1 of this form; the patient completes pages 2-5. A QOL label (with patient ID, name code, and appropriate visit code) should be affixed to the upper right corner of pages 2-5. **Pre randomization:** The patient should meet with the Quality of Life Assessor, be trained in completion of the form, and then should complete the form. The Quality of Life Assessor should review the completed form for missing responses and resolve any problems before the patient leaves the clinic. Page 1 should then be completed by clinic staff and re-attached to pages 2-5. **Post randomization:** Pages 2-5 should be mailed to the patient 2 weeks prior to the scheduled NETT clinic visit with instructions to complete the form at home and to bring the completed form to the next NETT clinic visit. When the patient returns for the visit, the Quality of Life Assessor should review the form for completeness and obtain responses for missing items during the clinic visit. If the patient did not bring a completed form to the visit, the patient should complete the form at the visit. Page 1 should be completed by clinic staff and re-attached to pages 2-5. Use the date the form was completed for the visit date. If the patient did not write in a date, use the date of the clinic visit for the visit date.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date *(date patient completed the form)*:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: _____ _____ _____

6. Form & revision: **q s 2**

B. Administrative information

(To be completed by clinic staff after questionnaire is completed.)

7. Quality of Life Assessor
- **a**. PIN: _____ _____ _____
- **b**. Signature: _____

8. Clinic Coordinator
- **a**. PIN: _____ _____ _____
- **b**. Signature: _____

9. Date form reviewed:

_____ _____-_____ _____ _____-_____ _____
day mon year

Affix label here 197
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

UCSD Medical Center
Pulmonary Rehabilitation Program
Shortness-of-Breath Questionnaire

Please rate the breathlessness you experience when you do, or if you were to do, each of the following tasks. **Do not skip any items**. If you've never performed a task or no longer perform it, give your best estimate of the breathlessness you would experience while doing that activity. Please review the two sample questions below before turning the page to begin the questionnaire.

When I do, or if I were to do, the following tasks, I would rate my breathlessness as:

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

1. Brushing teeth: **0** **1** **2** **(3)** **4** **5**

Harry has felt moderately short of breath during the past week while brushing his teeth and so circles a three for this activity.

---

2. Mowing the lawn: **0** **1** **2** **3** **4** **(5)**

Anne has never mowed the lawn before but estimates that she would have been too breathless to do this activity during the past week. She circles a five for this activity.

Affix label here **198**

Pt ID: ___ ___ ___ ___ ___

Namecode: ___ ___ ___ ___ ___

(Items 1-9 are reserved for clinic use.)

When I do, or if I were to do, the following tasks, I would rate my breathlessness as:

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

		Circle one					
10.	At rest:	**0**	**1**	**2**	**3**	**4**	**5**
11.	Walking on a level at your own pace:	**0**	**1**	**2**	**3**	**4**	**5**
12.	Walking on a level with others your age:	**0**	**1**	**2**	**3**	**4**	**5**
13.	Walking up a hill:	**0**	**1**	**2**	**3**	**4**	**5**
14.	Walking up stairs:	**0**	**1**	**2**	**3**	**4**	**5**
15.	While eating:	**0**	**1**	**2**	**3**	**4**	**5**
16.	Standing up from a chair:	**0**	**1**	**2**	**3**	**4**	**5**
17.	Brushing teeth:	**0**	**1**	**2**	**3**	**4**	**5**
18.	Shaving and/or brushing hair:	**0**	**1**	**2**	**3**	**4**	**5**
19.	Showering/bathing:	**0**	**1**	**2**	**3**	**4**	**5**

Affix label here **199**

Pt ID: ___ ___ ___ ___ ___

Namecode: ___ ___ ___ ___ ___

When I do, or if I were to do, the following tasks, I would rate my breathlessness as:

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

		Circle one					
20.	Dressing:	**0**	**1**	**2**	**3**	**4**	**5**
21.	Picking up and straightening:	**0**	**1**	**2**	**3**	**4**	**5**
22.	Doing dishes:	**0**	**1**	**2**	**3**	**4**	**5**
23.	Sweeping / vacuuming:	**0**	**1**	**2**	**3**	**4**	**5**
24.	Making bed:	**0**	**1**	**2**	**3**	**4**	**5**
25.	Shopping:	**0**	**1**	**2**	**3**	**4**	**5**
26.	Doing laundry:	**0**	**1**	**2**	**3**	**4**	**5**
27.	Washing car:	**0**	**1**	**2**	**3**	**4**	**5**
28.	Mowing lawn:	**0**	**1**	**2**	**3**	**4**	**5**
29.	Watering lawn:	**0**	**1**	**2**	**3**	**4**	**5**
30.	Sexual activities:	**0**	**1**	**2**	**3**	**4**	**5**

UCSD Medical Center
Pulmonary Rehabilitation Program
Shortness-of-Breath-Questionnaire

Affix label here **200**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

How much do these limit you in your daily life?

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

		Circle one					
31.	Shortness of breath:	**0**	**1**	**2**	**3**	**4**	**5**
32.	Fear of "hurting myself" by overexerting:	**0**	**1**	**2**	**3**	**4**	**5**
33.	Fear of shortness of breath:	**0**	**1**	**2**	**3**	**4**	**5**

34. Date completed:

_____

Please bring this completed questionnaire with your to your scheduled NETT clinic visit.

UCSD Medical Center
Pulmonary Rehabilitation Program
Shortness-of-Breath-Questionnaire

QW - Form QW Quality of Well-Being Scale V1.04 (rev 2)

Date file created: 13 May 2006
Observations: 7370
Variables: 261

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
qw252	52 Any other symptoms	Char	1	
qw271	71 Health rating (0-100)	Char	3	
qw211a	11a Blind/severely impaired vision-both	Char	1	
qw211b	11b Blind/severely impaired vision-one e	Char	1	
qw211c	11c Speech problems	Char	1	
qw211d	11d Missing/paralyzed hands, feet, arms,	Char	1	
qw211e	11e Missing/paralyzed fingers/toes	Char	1	
qw211f	11f Any deformity	Char	1	
qw211g	11g General fatigue/weakness	Char	1	
qw211h	11h Unwanted weight gain or loss	Char	1	
qw211i	11i Under or over weight	Char	1	
qw211j	11j Problem chewing food adequately	Char	1	
qw211k	11k Hearing loss of deafness	Char	1	
qw211l	11l Noticeable skin problems	Char	1	
qw211m	11m Eczema or burning/itching rash	Char	1	
qw212a	12a Dentures	Char	1	
qw212b	12b Oxygen tank	Char	1	
qw212c	12c Prosthesis	Char	1	
qw212d	12d Eye glasses or contact lenses	Char	1	
qw212e	12e Hearing aide	Char	1	
qw212f	12f Magnifying glass	Char	1	
qw212g	12g Neck, back or leg brace	Char	1	
qw213a	13a Vision problems - no days	Char	1	
qw213b	13b Vision problems - yesterday	Char	1	
qw213c	13c Vision problems - 2 days ago	Char	1	
qw213d	13d Vision problems - 3 days ago	Char	1	
qw214a	14a Eye pain - no days	Char	1	
qw214b	14b Eye pain - yesterday	Char	1	
qw214c	14c Eye pain - 2 days ago	Char	1	
qw214d	14d Eye pain - 3 days ago	Char	1	
qw215a	15a Headache - no days	Char	1	
qw215b	15b Headache - yesterday	Char	1	
qw215c	15c Headache - 2 days ago	Char	1	
qw215d	15d Headache - 3 days ago	Char	1	
qw216a	16a Dizziness, earache - no days	Char	1	
qw216b	16b Dizziness, earache - yesterday	Char	1	
qw216c	16c Dizziness, earache - 2 days ago	Char	1	
qw216d	16d Dizziness, earache - 3 days ago	Char	1	
qw217a	17a Difficulty hearing - no days	Char	1	
qw217b	17b Difficulty hearing - yesterday	Char	1	
qw217c	17c Difficulty hearing - 2 days ago	Char	1	
qw217d	17d Difficulty hearing - 3 days ago	Char	1	
qw218a	18a Stuffy/bloody nose - no days	Char	1	
qw218b	18b Stuffy/bloody nose - yesterday	Char	1	
qw218c	18c Stuffy/bloody nose - 2 days ago	Char	1	
qw218d	18d Stuffy/bloody nose - 3 days ago	Char	1	
qw219a	19a Sore throat/hoarseness - no days	Char	1	
qw219b	19b Sore throat/hoarseness - yesterday	Char	1	
qw219c	19c Sore throat/hoarseness - 2 days ago	Char	1	
qw219d	19d Sore throat/hoarseness - 3 days ago	Char	1	
qw220a	20a Tooth ache/jaw pain - no days	Char	1	
qw220b	20b Tooth ache/jaw pain - yesterday	Char	1	
qw220c	20c Tooth ache/jaw pain - 2 days ago	Char	1	
qw220d	20d Tooth ache/jaw pain - 3 days ago	Char	1	
qw221a	21a Bleeding lips/tongue - no days	Char	1	

QW - Form QW Quality of Well-Being Scale V1.04 (rev 2)

Date file created: 13 May 2006
Observations: 7370
Variables: 261

Variable Name	Variable Label	Type	Variable Length	Format
qw221b	21b Bleeding lips/tongue - yesterday	Char	1	
qw221c	21c Bleeding lips/tongue - 2 days ago	Char	1	
qw221d	21d Bleeding lips/tongue - 3 days ago	Char	1	
qw222a	22a Coughing/wheezing - no days	Char	1	
qw222b	22b Coughing/wheezing - yesterday	Char	1	
qw222c	22c Coughing/wheezing - 2 days ago	Char	1	
qw222d	22d Coughing/wheezing - 3 days ago	Char	1	
qw223a	23a Shortness of breath - no days	Char	1	
qw223b	23b Shortness of breath - yesterday	Char	1	
qw223c	23c Shortness of breath - 2 days ago	Char	1	
qw223d	23d Shortness of breath - 3 days ago	Char	1	
qw224a	24a Chest pain/pressure - no days	Char	1	
qw224b	24b Chest pain/pressure - yesterday	Char	1	
qw224c	24c Chest pain/pressure - 2 days ago	Char	1	
qw224d	24d Chest pain/pressure - 3 days ago	Char	1	
qw225a	25a Upset stomach/nausea - no days	Char	1	
qw225b	25b Upset stomach/nausea - yesterday	Char	1	
qw225c	25c Upset stomach/nausea - 2 days ago	Char	1	
qw225d	25d Upset stomach/nausea - 3 days ago	Char	1	
qw226a	26a Diarrhea, constipation - no days	Char	1	
qw226b	26b Diarrhea, constipation - yesterday	Char	1	
qw226c	26c Diarrhea, constipation - 2 days ago	Char	1	
qw226d	26d Diarrhea, constipation - 3 days ago	Char	1	
qw227a	27a Pain/blood in urine - no days	Char	1	
qw227b	27b Pain/blood in urine - yesterday	Char	1	
qw227c	27c Pain/blood in urine - 2 days ago	Char	1	
qw227d	27d Pain/blood in urine - 3 days ago	Char	1	
qw228a	28a Loss of bladder control - no days	Char	1	
qw228b	28b Loss of bladder control - yesterday	Char	1	
qw228c	28c Loss of bladder control - 2 days ago	Char	1	
qw228d	28d Loss of bladder control - 3 days ago	Char	1	
qw229a	29a Genital pain - no days	Char	1	
qw229b	29b Genital pain - yesterday	Char	1	
qw229c	29c Genital pain - 2 days ago	Char	1	
qw229d	29d Genital pain - 3 days ago	Char	1	
qw230a	30a Broken bone - no days	Char	1	
qw230b	30b Broken bone - yesterday	Char	1	
qw230c	30c Broken bone - 2 days ago	Char	1	
qw230d	30d Broken bone - 3 days ago	Char	1	
qw231a	31a Pain in neck/back - no days	Char	1	
qw231b	31b Pain in neck/back - yesterday	Char	1	
qw231c	31c Pain in neck/back - 2 days ago	Char	1	
qw231d	31d Pain in neck/back - 3 days ago	Char	1	
qw232a	32a Pain in hips/sides - no days	Char	1	
qw232b	32b Pain in hips/sides - yesterday	Char	1	
qw232c	32c Pain in hips/sides - 2 days ago	Char	1	
qw232d	32d Pain in hips/sides - 3 days ago	Char	1	
qw233a	33a Pain in any joints - no days	Char	1	
qw233b	33b Pain in any joints - yesterday	Char	1	
qw233c	33c Pain in any joints - 2 days ago	Char	1	
qw233d	33d Pain in any joints - 3 days ago	Char	1	
qw234a	34a Swelling - no days	Char	1	
qw234b	34b Swelling - yesterday	Char	1	
qw234c	34c Swelling - 2 days ago	Char	1	
qw234d	34d Swelling - 3 days ago	Char	1	
qw235a	35a Fever, chills or sweats - no days	Char	1	
qw235b	35b Fever, chills or sweats - yesterday	Char	1	
qw235c	35c Fever, chills or sweats - 2 days ago	Char	1	

QW - Form QW Quality of Well-Being Scale V1.04 (rev 2)

Date file created: 13 May 2006
Observations: 7370
Variables: 261

Variable Name	Variable Label	Type	Variable Length	Format
qw235d	35d Fever, chills or sweats - 3 days ago	Char	1	
qw236a	36a Loss of consciousness - no days	Char	1	
qw236b	36b Loss of consciousness - yesterday	Char	1	
qw236c	36c Loss of consciousness - 2 days ago	Char	1	
qw236d	36d Loss of consciousness - 3 days ago	Char	1	
qw237a	37a Difficulty w/balance - no days	Char	1	
qw237b	37b Difficulty w/balance - yesterday	Char	1	
qw237c	37c Difficulty w/balance - 2 days ago	Char	1	
qw237d	37d Difficulty w/balance - 3 days ago	Char	1	
qw238a	38a Sleep problems - no days	Char	1	
qw238b	38b Sleep problems - yesterday	Char	1	
qw238c	38c Sleep problems - 2 days ago	Char	1	
qw238d	38d Sleep problems - 3 days ago	Char	1	
qw239a	39a Nervous, shaky - no days	Char	1	
qw239b	39b Nervous, shaky - yesterday	Char	1	
qw239c	39c Nervous, shaky - 2 days ago	Char	1	
qw239d	39d Nervous, shaky - 3 days ago	Char	1	
qw240a	40a Downhearted, blue - no days	Char	1	
qw240b	40b Downhearted, blue - yesterday	Char	1	
qw240c	40c Downhearted, blue - 2 days ago	Char	1	
qw240d	40d Downhearted, blue - 3 days ago	Char	1	
qw241a	41a Excessive worry, anxiety - no days	Char	1	
qw241b	41b Excessive worry, anxiety - yesterday	Char	1	
qw241c	41c Excessive worry, anxiety - 2 days ag	Char	1	
qw241d	41d Excessive worry, anxiety - 3 days ag	Char	1	
qw242a	42a Feeling out of control - no days	Char	1	
qw242b	42b Feeling out of control - yesterday	Char	1	
qw242c	42c Feeling out of control - 2 days ago	Char	1	
qw242d	42d Feeling out of control - 3 days ago	Char	1	
qw243a	43a Feeling lonely - no days	Char	1	
qw243b	43b Feeling lonely - yesterday	Char	1	
qw243c	43c Feeling lonely - 2 days ago	Char	1	
qw243d	43d Feeling lonely - 3 days ago	Char	1	
qw244a	44a Frustrated, irritated - no days	Char	1	
qw244b	44b Frustrated, irritated - yesterday	Char	1	
qw244c	44c Frustrated, irritated - 2 days ago	Char	1	
qw244d	44d Frustrated, irritated - 3 days ago	Char	1	
qw245a	45a Hangover - no days	Char	1	
qw245b	45b Hangover - yesterday	Char	1	
qw245c	45c Hangover - 2 days ago	Char	1	
qw245d	45d Hangover - 3 days ago	Char	1	
qw246a	46a Decreased sexual interest - no days	Char	1	
qw246b	46b Decreased sexual interest - yesterda	Char	1	
qw246c	46c Decreased sexual interest - 2 days a	Char	1	
qw246d	46d Decreased sexual interest - 3 days a	Char	1	
qw247a	47a Confusion, memory loss - no days	Char	1	
qw247b	47b Confusion, memory loss - yesterday	Char	1	
qw247c	47c Confusion, memory loss - 2 days ago	Char	1	
qw247d	47d Confusion, memory loss - 3 days ago	Char	1	
qw248a	48a Obsessive thoughts - no days	Char	1	
qw248b	48b Obsessive thoughts - yesterday	Char	1	
qw248c	48c Obsessive thoughts - 2 days ago	Char	1	
qw248d	48d Obsessive thoughts - 3 days ago	Char	1	
qw249a	49a Take any medications - no days	Char	1	
qw249b	49b Take any medications - yesterday	Char	1	
qw249c	49c Take any medications - 2 days ago	Char	1	
qw249d	49d Take any medications - 3 days ago	Char	1	
qw250a	50a Medically prescribed diet - no days	Char	1	

QW - Form QW Quality of Well-Being Scale V1.04 (rev 2)

Date file created: 13 May 2006
Observations: 7370
Variables: 261

Variable Name	Variable Label	Type	Variable Length	Format
qw250b	50b Medically prescribed diet - yesterda	Char	1	
qw250c	50c Medically prescribed diet - 2 days a	Char	1	
qw250d	50d Medically prescribed diet - 3 days a	Char	1	
qw251a	51a Appetite loss/overeating - no days	Char	1	
qw251b	51b Appetite loss/overeating - yesterday	Char	1	
qw251c	51c Appetite loss/overeating - 2 days ag	Char	1	
qw251d	51d Appetite loss/overeating - 3 days ag	Char	1	
qw252ab	52a Other symptom - yesterday	Char	1	
qw252ac	52a Other symptom - 2 days ago	Char	1	
qw252ad	52a Other symptom - 3 days ago	Char	1	
qw252bb	52b Other symptom - yesterday	Char	1	
qw252bc	52b Other symptom - 2 days ago	Char	1	
qw252bd	52b Other symptom - 3 days ago	Char	1	
qw253a	53a Been in hospital - no days	Char	1	
qw253b	53b Been in hospital - yesterday	Char	1	
qw253c	53c Been in hospital - 2 days ago	Char	1	
qw253d	53d Been in hospital - 3 days ago	Char	1	
qw254a	54a Need help w/personal care - no days	Char	1	
qw254b	54b Need help w/personal care - yesterda	Char	1	
qw254c	54c Need help w/personal care - 2 days a	Char	1	
qw254d	54d Need help w/personal care - 3 days a	Char	1	
qw255a	55a Drive a vehicle - no days	Char	1	
qw255b	55a Drive a vehicle - yesterday	Char	1	
qw255c	55c Drive a vehicle - 2 days ago	Char	1	
qw255d	55d Drive a vehicle - 3 days ago	Char	1	
qw256a	56a Use public transportation - no days	Char	1	
qw256b	56b Use public transportation - yesterda	Char	1	
qw256c	56c Use public transportation - 2 days a	Char	1	
qw256d	56d Use public transportation - 3 days a	Char	1	
qw257a	57a Not drive - no days	Char	1	
qw257b	57b Not drive - yesterday	Char	1	
qw257c	57c Not drive - 2 days ago	Char	1	
qw257d	57d Not drive - 3 days ago	Char	1	
qw258a	58a Trouble climbing stairs - no days	Char	1	
qw258b	58b Trouble climbing stairs - yesterday	Char	1	
qw258c	58c Trouble climbing stairs - 2 days ago	Char	1	
qw258d	58d Trouble climbing stairs - 3 days ago	Char	1	
qw259a	59a Avoid walking - no days	Char	1	
qw259b	59b Avoid walking - yesterday	Char	1	
qw259c	59c Avoid walking - 2 days ago	Char	1	
qw259d	59d Avoid walking - 3 days ago	Char	1	
qw260a	60a Limp/use cane - no days	Char	1	
qw260b	60b Limp/use cane - yesterday	Char	1	
qw260c	60c Limp/use cane - 2 days ago	Char	1	
qw260d	60d Limp/use cane - 3 days ago	Char	1	
qw261a	61a Avoid bending - no days	Char	1	
qw261b	61b Avoid bending - yesterday	Char	1	
qw261c	61c Avoid bending - 2 days ago	Char	1	
qw261d	61d Avoid bending - 3 days ago	Char	1	
qw262a	62a Trouble lifting - no days	Char	1	
qw262b	62b Trouble lifting - yesterday	Char	1	
qw262c	62c Trouble lifting - 2 days ago	Char	1	
qw262d	62d Trouble lifting - 3 days ago	Char	1	
qw263a	63a Other physical limitations - no days	Char	1	
qw263b	63b Other physical limitations - yesterd	Char	1	
qw263c	63c Other physical limitations - 2 days	Char	1	
qw263d	63d Other physical limitations - 3 days	Char	1	
qw264a	64a Spend day in bed - no days	Char	1	

QW - Form QW Quality of Well-Being Scale V1.04 (rev 2)

Date file created: 13 May 2006
Observations: 7370
Variables: 261

Variable Name	Variable Label	Type	Variable Length	Format
qw264b	64b Spend day in bed - yesterday	Char	1	
qw264c	64c Spend day in bed - 2 days ago	Char	1	
qw264d	64d Spend day in bed - 3 days ago	Char	1	
qw265a	65a Spend day in wheelchair - no days	Char	1	
qw265b	65b Spend day in wheelchair - yesterday	Char	1	
qw265c	65c Spend day in wheelchair - 2 days ago	Char	1	
qw265d	65d Spend day in wheelchair - 3 days ago	Char	1	
qw266a	66a Wheelchair in other's control-no da	Char	1	
qw266b	66b Wheelchair in other's control-yeste	Char	1	
qw266c	66c Wheelchair in other's control-2 day	Char	1	
qw266d	66d Wheelchair in other's control-3 day	Char	1	
qw267a	67a Need help w/activities - no days	Char	1	
qw267b	67b Need help w/activities - yesterday	Char	1	
qw267c	67c Need help w/activities - 2 days ago	Char	1	
qw267d	67d Need help w/activities - 3 days ago	Char	1	
qw268a	68a Avoid activities - no days	Char	1	
qw268b	68b Avoid activities - yesterday	Char	1	
qw268c	68c Avoid activities - 2 days ago	Char	1	
qw268d	68d Avoid activities - 3 days ago	Char	1	
qw269a	69a Change plans - no days	Char	1	
qw269b	69b Change plans - yesterday	Char	1	
qw269c	69c Change plans - 2 days ago	Char	1	
qw269d	69d Change plans - 3 days ago	Char	1	
qwb_1	QWB score 1 day ago	Num	8	
qwb_2	QWB score 2 days ago	Num	8	
qwb_3	QWB score 3 days ago	Num	8	
qwb_ave	QWB over all 3 days (average)	Num	8	
qwb_tot	QWB over all 3 days (sum)	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

QWB - Quality of Well-Being Scale V1.04

Purpose: To assess the patient's health problems in the last 3 days.
When: Visits s1, s2 (if the s1 assessment was done more than 42 days prior to the start of Core Rehabilitation), s3, rz (if more than 21 days since post rehabilitation assessment), f06, f12, f18, f24, f36, f48, f60.
Administered by: Self-administered, but Quality of Life Assessor must be available at visits to answer questions and review completed forms.
Respondent: Patient without help from spouse or family.
Instructions: Clinic staff complete page 1 of this form; the patient completes pages 2-12. A QOL label (with patient ID, name code, and appropriate visit code) should be affixed to the upper right corner of pages 2-12. **Pre randomization:** The patient should meet with the Quality of Life Assessor, be trained in completion of the form, and then should complete the form. The Quality of Life Assessor should review the completed form for missing responses and resolve any problems before the patient leaves the clinic. Page 1 should then be completed by clinic staff and re-attached to pages 2-12. **Post randomization:** Pages 2-12 should be mailed to the patient 2 weeks prior to the scheduled NETT clinic visit with instructions to complete the form at home and to bring the completed form to the next NETT clinic visit. When the patient returns for the visit, the Quality of Life Assessor should review the form for completeness and obtain responses for missing items during the clinic visit. If the patient did not bring a completed form to the visit, the patient should complete the form at the visit. Page 1 should be completed by clinic staff and re-attached to pages 2-12. Use the date the form was completed for the visit date. If the patient did not write in a date, use the date of the clinic visit for the visit date. For items 13-69, checked responses should be keyed as "1", otherwise they should be left blank.

A. Clinic, visit, and patient identification

1. Clinic ID: _____ _____ _____ _____

2. Patient ID: _____ _____ _____ _____ _____

3. Patient name code:

_____ _____ _____ _____ _____

4. Visit date *(date patient completed the form)*:

_____ _____-_____ _____ _____-_____ _____
day mon year

5. Visit code: _____ _____ _____

6. Form & revision: **q w 2**

B. Administrative information

(To be completed by clinic staff after questionnaire is completed.)

7. Quality of Life Assessor
- **a**. PIN: _____ _____ _____
- **b**. Signature:

_____

8. Clinic Coordinator
- **a**. PIN: _____ _____ _____
- **b**. Signature:

_____

9. Date form reviewed:

_____ _____-_____ _____ _____-_____ _____
day mon year

Affix label here **207**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

QWB - Quality of Well-Being Scale V1.04

This survey asks about health problems that you have experienced in the last three days, not including today. Please make sure to answer all questions. Thank you for your patience and time in carefully completing this survey.

(Items 1-9 are reserved for clinic use.)

10. Today's date: ____ ____ / ____ ____ / ____ ____
mon day year

Part I - Acute and Chronic Symptoms

11. Please indicate whether you currently experience each of the following health symptoms or problems.

Do you have:

	Circle One YES	NO
a. Blindness or severely impaired vision in both eyes	1	2
b. Blindness or severely impaired vision in only one eye	1	2
c. Speech problems such as stuttering, or being unable to speak clearly	1	2
d. Missing or paralyzed hands, feet, arms, or legs	1	2
e. Missing or paralyzed fingers or toes	1	2
f. Any deformity of the face, fingers, hand or arm, foot or leg, or back (e.g. severe scoliosis)	1	2
g. General fatigue, tiredness, or weakness	1	2

Affix label here 208
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

Do you have:

	Circle One YES	NO
h. A problem with unwanted weight gain or weight loss	1	2
i. A problem with being under or over weight	1	2
j. Problems chewing your food adequately	1	2
k. Any hearing loss or deafness	1	2
l. Any noticeable skin problems, such as bad acne or large burns or scars on face, body, arms, or legs	1	2
m. Eczema or burning/itching rash	1	2

12. Which of the following health aides do you use/have?

	Circle One YES	NO
a. Dentures	1	2
b. Oxygen tank	1	2
c. Prosthesis	1	2
d. Eye glasses or contact lenses	1	2
e. Hearing aide	1	2
f. Magnifying glass	1	2
g. Neck, back, or leg brace	1	2

Affix label here **209**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

For the following list of problems indicate which days (if any) over the past 3 days, not including today, you had the problem. If you have not had the symptom in the past 3 days, do not leave the question blank, please check "no days". If you have experienced the symptom in the past 3 days, please check which of the days you had it; if you experienced it on more than one of the days, check all days that apply.

For example, if you had a headache yesterday and the day before that:

Did you have:	No days	Yesterday	2 days ago	3 days ago
A headache?		✓	✓	

Over the past 3 days, did you have: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
13. Any problems with your vision not corrected with glasses or contact lenses (such as double vision, distorted vision, flashes, or floaters)?				
14. Any eye pain, irritation, discharge, or excessive sensitivity to light?				
15. A headache?				
16. Dizziness, earache, or ringing in your ears?				
17. Difficulty hearing, or discharge, or bleeding from an ear?				
18. Stuffy or runny nose, or bleeding from the nose?				
19. A sore throat, difficulty swallowing, or hoarse voice?				

Affix label here **210**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Over the past 3 days, did you have: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
20. A tooth ache or jaw pain?				
21. Sore or bleeding lips, tongue, or gums?				
22. Coughing or wheezing?				
23. Shortness of breath or difficulty breathing?				
24. Chest pain, pressure, palpitations, fast or skipped heart beat, or other discomfort in the chest?				
25. An upset stomach, abdominal pain, nausea, heartburn, or vomiting?				
26. Difficulty with bowel movements, diarrhea, constipation, black tar-like stools, or any pain or discomfort in the rectal area?				
27. Pain, burning, or blood in urine?				
28. Loss of bladder control, frequent night-time urination, or difficulty with urination?				
29. Genital pain, itching, burning, or abnormal discharge, or pelvic cramping or abnormal bleeding? (Does not include normal menstruation)				

Affix label here **211**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Over the past 3 days, did you have: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
30. A broken arm, wrist, foot, leg, or any other broken bone (other than in the back)?				
31. Pain, stiffness, cramps, weakness, or numbness in the neck or back?				
32. Pain, stiffness, cramps, weakness, or numbness in the hips or sides?				
33. Pain, stiffness, cramps, weakness, or numbness in any of the joints or muscles of the hand, feet, arms, or legs?				
34. Swelling of ankles, hands, feet or abdomen?				
35. Fever, chills, or sweats?				
36. Loss of consciousness, fainting, or seizures?				
37. Difficulty with your balance, standing, or walking?				

Affix label here **212**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

The following symptoms are about your feelings, thoughts, and behaviors.

Please check which days (if any) over the past 3, not including today, you have had:	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
38. Trouble falling asleep or staying asleep?				
39. Spells of feeling nervous or shaky?				
40. Spells of feeling upset, downhearted, or blue?				
41. Excessive worry or anxiety?				
42. Feelings that you had little or no control over events in your life?				
43. Feelings of being lonely or isolated?				
44. Feelings of frustration, irritation, or close to losing your temper?				
45. A hangover?				
46. Any decrease of sexual interest or performance?				
47. Confusion, difficulty understanding the written or spoken word, or significant memory loss?				
48. Thoughts or images you could not get out of your mind?				

Affix label here **213**
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

Please check which days (if any) over the past 3, not including today, you have had:	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
49. To take any medication including over-the-counter remedies (aspirin/Tylenol, allergy medications, insulin, hormones, estrogen, thyroid, prednisone)?				
50. To stay on a medically prescribed diet for health reasons?				
51. A loss of appetite or over-eating?				

52. In the last 3 days did you have any symptoms, health complaints, or pains that have not been mentioned? (circle one)

YES 1 NO 2 → **53.**

If yes, what were the symptoms and on which days did you have them?

	b. Yesterday	c. 2 days ago	d. 3 days ago
a.			
b.			

Affix label here **214**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Part II - Self Care

Over the last 3 days: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
53. Did you spend any part of the day or night as a patient in a hospital, nursing home, or rehabilitation center?				
54. Because of any impairment or health problem, did you need help with your personal care needs, such as eating, dressing, bathing, or getting around your home?				

Part III - Mobility

Over the last 3 days: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
55. Which days did you drive a motor vehicle?				
56. Which days did you use public transportation such as a bus, subway, Medi-van, train, or airplane?				

Affix label here 215
Pt ID: __ __ __ __ __
Namecode: __ __ __ __ __

Over the last 3 days: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
57. Which days did you either not drive a motor vehicle or not use public transportation because of your health, or need help from another person to use?				

Part IV - Physical Activity

Over the last 3 days did you: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
58. Have trouble climbing stairs or inclines or walking off the curb?				
59. Avoid walking, have trouble walking, or walk more slowly than other people your age?				
60. Limp or use a cane, crutches, or walker?				
61. Avoid or have trouble bending over, stooping, or kneeling?				
62. Have any trouble lifting or carrying everyday objects such as books, a briefcase, or groceries?				
63. Have any other limitations in physical movements?				

Affix label here **216**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Over the last 3 days did you: (please check all days that apply)	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
64. Spend all or most of the day in a bed, chair, or couch because of health reasons?				
65. Spend all or most of the day in a wheelchair?	Go to 67			
66. **If in a wheelchair**, on which days did someone else control its movement?				

Part V - Usual Activity

Over the last 3 days: (please check all days that apply):	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
67. Because of any physical or emotional health reasons, on which days did you avoid, need help with, or were limited in doing some of your usual activities, such as **work, school or housekeeping**?				

Affix label here **217**

Pt ID: __ __ __ __ __

Namecode: __ __ __ __ __

Over the last 3 days: (please check all days that apply):	a. No days	b. Yesterday	c. 2 days ago	d. 3 days ago
68. Because of any physical or emotional health reasons, on which days did you avoid or feel limited in doing some of your usual activities, such as **visiting family or friends, hobbies, shopping, recreational, or religious activities**?				
69. On which days did you have to change any of your plans or activities because of your health? (Consider only activities that you did not report in the last 2 questions.)	Go to 71			

70. If activities are limited, please describe:

_____

_____

71. Think about a scale of 0 to 100, with zero being the least desirable state of health that you could imagine and 100 being perfect health. What number, from 0 to 100 would you give to the state of your health, on average, over the last 3 days? (Please circle one)

0 10 20 30 40 50 60 70 80 90 100

Please bring this completed questionnaire with your to your scheduled NETT clinic visit.

RC - Form RC CT Scan Report (rev 2)

Date file created: 13 May 2006
Observations: 3482
Variables: 30

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
heterobl	1=heterog, 0=other, at BL	Num	8	
newnett	New NETT patient ID no.	Char	5	
rc209	9 Description of axial distribution of	Char	1	
rc210	10 Description craniocaudal distributio	Char	1	
rc207a	7a Volumetric helical/spiral	Char	1	
rc207b	7b HRCT-suspended end expiration (FRC)	Char	1	
rc207c	7c HRCT-suspended full inspiration (TLC	Char	1	
rc208al	8a HRCT severity: upper left zone	Char	1	
rc208ar	8a HRCT severity: upper right zone	Char	1	
rc208bl	8b HRCT severity: middle left zone	Char	1	
rc208br	8b HRCT severity: middle right zone	Char	1	
rc208cl	8c HRCT severity: lower left zone	Char	1	
rc208cr	8c HRCT severity: lower right zone	Char	1	
rc211a	11a Evidence of prior thoracic surgery	Char	1	
rc211b	11b Pulmonary nodules or masses	Char	1	
rc211c	11c Interstitial lung disease	Char	1	
rc211d	11d Bronchiectasis	Char	1	
rc211e	11e Active infection	Char	1	
rc211f	11f Giant bulla	Char	1	
rc211g	11g Lobar or segmental collapse	Char	1	
rc211h	11h Mediastinal/hilar mass, enlarged lym	Char	1	
rc211i	11i Enlarged pulmonary arteries	Char	1	
rc211j	11j Pleural thickening or effusion	Char	1	
rc211k	11k Skeletal deformity	Char	1	
rc211l	11l Other ancillary observation	Char	1	
rc211m	11m None	Char	1	
upplobbl	1=upper lobe predominant, 0=other, at BL	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

CT Scan Report

Purpose: To record evaluations of CT scans.

When: Visits s1, f06, and f36.

Respondent: Radiologist and Clinic Coordinator.

Instructions: This form should be completed by the Radiologist and reviewed by the Clinic Coordinator.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of CT scan):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: r c 2

B. Computed tomography

7. CT scans obtained:

a. Volumetric helical/spiral:
(Yes 1) (No 2)

b. HRCT-suspended end expiration (FRC):
(Yes 1) (No 2)

c. HRCT-suspended full inspiration (TLC):
(Yes 1) (No 2)

11.

C. Evaluation

8. Severity of HRCT

Instructions: Score emphysema severity from the **Inspiratory HRCT***; score each zone of each lung; only integer scores are allowed (0,1,2,3,4).*

Upper zone = lung apex to the top of the aortic arch

Mid zone = aortic arch to the right inferior pulmonary vein

Lower zone = right inferior pulmonary vein to the most caudal extent of the lungs

0 = Normal (none)
1 = Mild (1-25%)
2 = Moderate (26-50%)
3 = Marked (51-75%)
4 = Severe (> 75%)

	Right	Left
a. Upper zone:	____ (0-4)	____ (0-4)
b. Middle zone:	____ (0-4)	____ (0-4)
c. Lower zone:	____ (0-4)	____ (0-4)

9. Best description of the axial distribution of emphysema *(check one only):*

Peripheral/subpleural predominantly across individual CT images (1)
Central/axial predominantly across individual CT images (2)
Evenly distributed (central and peripheral) across individual CT images (3)

10. Best description of the craniocaudal distribution of emphysema *(check only one):*

Upper lobe predominant	(1)
Lower lobe predominant	(2)
Diffuse	(3)
Superior segments of lower lobes predominantly involved	(4)

11. Ancillary observations (from HRCT and 5-8 mm helical CT) *(check all that apply)*

a. Evidence of prior thoracic surgery:	(1)
b. Pulmonary nodules or masses:	(1)
c. Interstitial lung disease (such as pulmonary fibrosis):	(1)
d. Bronchiectasis:	(1)
e. Active infection:	(1)
f. Giant bulla (at least 1/3 of the volume of the lung in which the bulla is located):	(*1)
g. Lobar or segmental collapse:	(1)
h. Mediastinal/Hilar mass(es) or enlarged lymph nodes:	(1)
i. Enlarged pulmonary arteries:	(1)
j. Pleural thickening or effusion:	(1)
k. Skeletal deformity (scoliosis, kyphosis, or compression fractures):	(1)
l. Other *(specify):*	(1)

_____
specify

m. None (1)

*(*Presence of a giant bulla is exclusionary.)*

D. Administrative information

12. Location of stored CT scans:

_____
specify location

13. Radiologist PIN: ___ ___ ___

14. Radiologist signature:

_____

15. Clinic Coordinator PIN: ___ ___ ___

16. Clinic Coordinator signature:

_____

17. Date form reviewed:

___ ___ – ___ ___ ___ – ___ ___
day mon year

RCORE - IAC right lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
historig		Num	8	
hrcreate	hrcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

RCORE - IAC right lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

RCORE - IAC right lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

RCORE - IAC right lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

RESID - Residence over time

Date file created: 07 May 2006
Observations: 19778
Variables: 3

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
resid	1=home,2=nursng/rehab,3=acute care	Num	8	
visit	Visit code fxx where xx=mos since RZ	Char	3	

RHOLE - IAC right lung holes file

Date file created: 13 May 2006
Observations: 2236
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
alpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
alpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
alpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
alpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
alpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
alpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
c1_1	Y intercept at -950	Num	8	
c1_2	Y intercept at -930	Num	8	
c1_3	Y intercept at -910	Num	8	
c1_4	Y intercept at -890	Num	8	
c1_5	Y intercept at -870	Num	8	
c1_6	Y intercept at -850	Num	8	
cutoff_1	At -950, see IAC Scan Analysis vbl list	Num	8	
cutoff_2	At -930, see IAC Scan Analysis vbl list	Num	8	
cutoff_3	At -910, see IAC Scan Analysis vbl list	Num	8	
cutoff_4	At -890, see IAC Scan Analysis vbl list	Num	8	
cutoff_5	At -870, see IAC Scan Analysis vbl list	Num	8	
cutoff_6	At -850, see IAC Scan Analysis vbl list	Num	8	
entityve	Hole pgm version number	Char	18	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
lalpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
lalpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
lalpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
lalpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
lalpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
lalpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
lc1_1	Y intercept at -950	Num	8	
lc1_2	Y intercept at -930	Num	8	
lc1_3	Y intercept at -910	Num	8	
lc1_4	Y intercept at -890	Num	8	
lc1_5	Y intercept at -870	Num	8	
lc1_6	Y intercept at -850	Num	8	
lcutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
lcutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
lcutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
lcutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
lcutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
lcutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	
malpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
malpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
malpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
malpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
malpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
malpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
mc1_1	Y intercept at -950	Num	8	
mc1_2	Y intercept at -930	Num	8	
mc1_3	Y intercept at -910	Num	8	
mc1_4	Y intercept at -890	Num	8	
mc1_5	Y intercept at -870	Num	8	
mc1_6	Y intercept at -850	Num	8	
mcutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
mcutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
mcutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
mcutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
mcutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
mcutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	
newnett	New NETT patient ID no.	Char	5	

RHOLE - IAC right lung holes file

Date file created: 13 May 2006
Observations: 2236
Variables: 82

Variable Name	Variable Label	Type	Variable Length	Format
passver		Char	13	
rigthwho		Num	8	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
slicethi	Slice thickness	Char	14	
ualpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
ualpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
ualpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
ualpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
ualpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
ualpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
uc1_1	Y intercept at -950	Num	8	
uc1_2	Y intercept at -930	Num	8	
uc1_3	Y intercept at -910	Num	8	
uc1_4	Y intercept at -890	Num	8	
uc1_5	Y intercept at -870	Num	8	
uc1_6	Y intercept at -850	Num	8	
ucutoff1	At -950, see IAC Scan Analysis vbl list	Num	8	
ucutoff2	At -930, see IAC Scan Analysis vbl list	Num	8	
ucutoff3	At -910, see IAC Scan Analysis vbl list	Num	8	
ucutoff4	At -890, see IAC Scan Analysis vbl list	Num	8	
ucutoff5	At -870, see IAC Scan Analysis vbl list	Num	8	
ucutoff_	At -850, see IAC Scan Analysis vbl list	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

RP - Form RP Perfusion Scan (rev 2)

Date file created: 13 May 2006
Observations: 1614
Variables: 17

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
prat	perfusion ratio:(Ur+Ul)/(Mr+Ml+Lr+Ll)	Num	8	
rp207al	7a % perfusion: upper Lt	Char	3	
rp207ar	7a % perfusion: upper Rt	Char	3	
rp207bl	7b % perfusion: middle Lt	Char	3	
rp207br	7b % perfusion: middle Rt	Char	3	
rp207cl	7c % perfusion: lower Lt	Char	3	
rp207cr	7c % perfusion: lower Rt	Char	3	
rp208al	8a Perfusion homogenity score: upper Lt	Char	1	
rp208ar	8a Perfusion homogenity score: upper Rt	Char	1	
rp208bl	8b Perfusion homogenity score: middle Lt	Char	1	
rp208br	8b Perfusion homogenity score: middle Rt	Char	1	
rp208cl	8c Perfusion homogenity score: lower Lt	Char	1	
rp208cr	8c Perfusion homogenity score: lower Rt	Char	1	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Perfusion Scan

Purpose: To record evaluation of perfusion scans.

When: Visit rz.

Respondent: Nuclear medicine physician and Clinic Coordinator.

Instructions: This form should be completed by the nuclear medicine physician and reviewed by the Clinic Coordinator. Transcribe values for percent of perfusion from the perfusion scan report. Mark the report with the patient's ID number and name code and staple it to the back of this form.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of perfusion scan):*

____ ____ – ____ ____ ____ – ____ ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: r p 2

B. Perfusion scan evaluation

7. Percent of perfusion in each lung zone:

	Right	Left
a. Upper:	____ ____ %	____ ____ %
b. Middle:	____ ____ %	____ ____ %
c. Lower:	____ ____ %	____ ____ %

8. Qualitative analysis of perfusion homogeneity in each zone:

A = homogenous perfusion
B = mildly heterogenous perfusion
C = moderate to severe heterogeneity of perfusion

	Right	Left
a. Upper zone:	____ (A-C)	____ (A-C)
b. Middle zone:	____ (A-C)	____ (A-C)
c. Lower zone:	____ (A-C)	____ (A-C)

G. Administrative information

9. Location of perfusion scan:

_____
specify location

10. Name of nuclear medicine physician *(please print):*

_____

11. Clinic Coordinator PIN: ____ ____ ____

12. Clinic Coordinator signature:

_____

13. Date of review:

____ ____ – ____ ____ ____ – ____ ____
day mon year

RPEEL - IAC right lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
historig		Num	8	
hrcreate	hrcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

RPEEL - IAC right lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

RPEEL - IAC right lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

RPEEL - IAC right lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

RR - Form RR Chest Radiograph Summary (rev 2)

Date file created: 13 May 2006
Observations: 3401
Variables: 17

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
rr207	7 Hyperinflation score	Char	1	
rr208a	8a Evidence of prior thoracic surgery	Char	1	
rr208b	8b Pumonary nodules or masses	Char	1	
rr208c	8c Pumonary fibrosis	Char	1	
rr208d	8d Bronchiectasis	Char	1	
rr208e	8e Active infection	Char	1	
rr208f	8f Unsuspected malignancy	Char	1	
rr208g	8g Mediastinal masses or other abnormal	Char	1	
rr208h	8h Enlarged pulmonary arteries	Char	1	
rr208i	8i Pleural thickening or effusion	Char	1	
rr208j	8j Skeletal deformity	Char	1	
rr208k	8k Other observation	Char	1	
rr208l	8l None	Char	1	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Chest Radiograph Summary

( ) keyed 235

Purpose: To record evaluations of chest radiographs.

When: Visits s1, f06, and f36.

Respondent: Radiologist and Clinic Coordinator.

Instructions: This form should be completed by the radiologist and reviewed by the Clinic Coordinator.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of chest radiographs):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: r r 2

B. Chest radiograph evaluation

7. Hyperinflation score *(from lateral chest radiograph; check only one):*

Normal (0)
Minimal curve (1)
Flat (2)
Inverted (3)

8. Ancillary observations *(check all that apply):*

a. Evidence of prior thoracic surgery (1)
b. Pulmonary nodules or masses (1)
c. Pulmonary fibrosis (1)
d. Bronchiectasis (1)
e. Active infection (1)
f. Unsuspected malignancy (1)
g. Mediastinal masses or other abnormalities (1)
h. Enlarged pulmonary arteries (1)
i. Pleural thickening or effusion (1)
j. Skeletal deformity (1)
k. Other *(specify):* (1)

_____
specify

l. None (1)

G. Administrative information

9. Radiologist PIN: ____ ____ ____

10. Radiologist signature:

_____

11. Clinic Coordinator PIN: ____ ____ ____

12. Clinic Coordinator signature:

_____

13. Date of review:

____ ____ - ____ ____ ____ - ____ ____
day mon year

RVER2 - IAC right lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
historig		Num	8	
hrcreate	hrcreate cnvrtd to #days frm RZ/scr strt	Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
lae50	No. of voxels above -50 HU in a region	Num	8	
lae100	No. of voxels above -100 HU in a region	Num	8	
lae150	No. of voxels above -150 HU in a region	Num	8	
lae200	No. of voxels above -200 HU in a region	Num	8	
lae250	No. of voxels above -250 HU in a region	Num	8	
laint	Ankle intercept	Num	8	
lairv	Volume of region that is air (ml)	Num	8	
lankl	Ankle	Num	8	
laslp	Ankle slope	Num	8	
lbe600	No. of voxels below -600 HU in a region	Num	8	
lbe620	No. of voxels below -620 HU in a region	Num	8	
lbe640	No. of voxels below -640 HU in a region	Num	8	

RVER2 - IAC right lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
lbe660	No. of voxels below -660 HU in a region	Num	8	
lbe810	No. of voxels below -810 HU in a region	Num	8	
lbe830	No. of voxels below -830 HU in a region	Num	8	
lbe850	No. of voxels below -850 HU in a region	Num	8	
lbe870	No. of voxels below -870 HU in a region	Num	8	
lbe890	No. of voxels below -890 HU in a region	Num	8	
lbe900	No. of voxels below -900 HU in a region	Num	8	
lbe910	No. of voxels below -910 HU in a region	Num	8	
lbe920	No. of voxels below -920 HU in a region	Num	8	
lbe930	No. of voxels below -930 HU in a region	Num	8	
lbe940	No. of voxels below -940 HU in a region	Num	8	
lbe950	No. of voxels below -950 HU in a region	Num	8	
lbe960	No. of voxels below -960 HU in a region	Num	8	
lcvm	See IAC Scan Analysis variables listing	Num	8	
lcvsd	See IAC Scan Analysis variables listing	Num	8	
lcvxm	See IAC Scan Analysis variables listing	Num	8	
lcvxsd	See IAC Scan Analysis variables listing	Num	8	
lcvym	See IAC Scan Analysis variables listing	Num	8	
lcvysd	See IAC Scan Analysis variables listing	Num	8	
lcvzm	See IAC Scan Analysis variables listing	Num	8	
lcvzsd	See IAC Scan Analysis variables listing	Num	8	
lfwhm	See IAC Scan Analysis variables listing	Num	8	
lhu10	HU value below which 10% of voxels fall	Num	8	
lhu15	HU value below which 15% of voxels fall	Num	8	
lhu20	HU value below which 20% of voxels fall	Num	8	
lkint	Knee intercept	Num	8	
lknee	See IAC Scan Analysis variables listing	Num	8	
lkslp	See IAC Scan Analysis variables listing	Num	8	
lkurt	Kurtosis	Num	8	
lmean	Mean	Num	8	
lmed	Median	Num	8	
lsd	Standard deviation	Num	8	
lskew	Skewness	Num	8	
ltisv	Region vol that is tissue & blood(ml)	Num	8	
ltotv	Total volume of region (cubic ml)	Num	8	
ltotvx	Total number of voxels in a region	Num	8	
lvar	Variance	Num	8	
mae50	No. of voxels above -50 HU in a region	Num	8	
mae100	No. of voxels above -100 HU in a region	Num	8	
mae150	No. of voxels above -150 HU in a region	Num	8	
mae200	No. of voxels above -200 HU in a region	Num	8	
mae250	No. of voxels above -250 HU in a region	Num	8	
maint	Ankle intercept	Num	8	
mairv	Volume of region that is air (ml)	Num	8	
mankl	Ankle	Num	8	
maslp	Ankle slope	Num	8	
mbe600	No. of voxels below -600 HU in a region	Num	8	
mbe620	No. of voxels below -620 HU in a region	Num	8	
mbe640	No. of voxels below -640 HU in a region	Num	8	
mbe660	No. of voxels below -660 HU in a region	Num	8	
mbe810	No. of voxels below -810 HU in a region	Num	8	
mbe830	No. of voxels below -830 HU in a region	Num	8	
mbe850	No. of voxels below -850 HU in a region	Num	8	
mbe870	No. of voxels below -870 HU in a region	Num	8	
mbe890	No. of voxels below -890 HU in a region	Num	8	
mbe900	No. of voxels below -900 HU in a region	Num	8	
mbe910	No. of voxels below -910 HU in a region	Num	8	
mbe920	No. of voxels below -920 HU in a region	Num	8	

RVER2 - IAC right lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
mbe930	No. of voxels below -930 HU in a region	Num	8	
mbe940	No. of voxels below -940 HU in a region	Num	8	
mbe950	No. of voxels below -950 HU in a region	Num	8	
mbe960	No. of voxels below -960 HU in a region	Num	8	
mcvm	See IAC Scan Analysis variables listing	Num	8	
mcvsd	See IAC Scan Analysis variables listing	Num	8	
mcvxm	See IAC Scan Analysis variables listing	Num	8	
mcvxsd	See IAC Scan Analysis variables listing	Num	8	
mcvym	See IAC Scan Analysis variables listing	Num	8	
mcvysd	See IAC Scan Analysis variables listing	Num	8	
mcvzm	See IAC Scan Analysis variables listing	Num	8	
mcvzsd	See IAC Scan Analysis variables listing	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
mfwhm	See IAC Scan Analysis variables listing	Num	8	
mhu10	HU value below which 10% of voxels fall	Num	8	
mhu15	HU value below which 15% of voxels fall	Num	8	
mhu20	HU value below which 20% of voxels fall	Num	8	
mkint	Knee intercept	Num	8	
mknee	See IAC Scan Analysis variables listing	Num	8	
mkslp	See IAC Scan Analysis variables listing	Num	8	
mkurt	Kurtosis	Num	8	
mmean	Mean	Num	8	
mmed	Median	Num	8	
msd	Standard deviation	Num	8	
mskew	Skewness	Num	8	
mtisv	Region vol that is tissue & blood(ml)	Num	8	
mtotv	Total volume of region (cubic ml)	Num	8	
mtotvx	Total number of voxels in a region	Num	8	
mvar	Variance	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
uae50	No. of voxels above -50 HU in a region	Num	8	
uae100	No. of voxels above -100 HU in a region	Num	8	
uae150	No. of voxels above -150 HU in a region	Num	8	
uae200	No. of voxels above -200 HU in a region	Num	8	
uae250	No. of voxels above -250 HU in a region	Num	8	
uaint	Ankle intercept	Num	8	
uairv	Volume of region that is air (ml)	Num	8	
uankl	Ankle	Num	8	
uaslp	Ankle slope	Num	8	
ube600	No. of voxels below -600 HU in a region	Num	8	
ube620	No. of voxels below -620 HU in a region	Num	8	
ube640	No. of voxels below -640 HU in a region	Num	8	
ube660	No. of voxels below -660 HU in a region	Num	8	
ube810	No. of voxels below -810 HU in a region	Num	8	
ube830	No. of voxels below -830 HU in a region	Num	8	
ube850	No. of voxels below -850 HU in a region	Num	8	
ube870	No. of voxels below -870 HU in a region	Num	8	
ube890	No. of voxels below -890 HU in a region	Num	8	
ube900	No. of voxels below -900 HU in a region	Num	8	

RVER2 - IAC right lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 207

Variable Name	Variable Label	Type	Variable Length	Format
ube910	No. of voxels below -910 HU in a region	Num	8	
ube920	No. of voxels below -920 HU in a region	Num	8	
ube930	No. of voxels below -930 HU in a region	Num	8	
ube940	No. of voxels below -940 HU in a region	Num	8	
ube950	No. of voxels below -950 HU in a region	Num	8	
ube960	No. of voxels below -960 HU in a region	Num	8	
ucvm	See IAC Scan Analysis variables listing	Num	8	
ucvsd	See IAC Scan Analysis variables listing	Num	8	
ucvxm	See IAC Scan Analysis variables listing	Num	8	
ucvxsd	See IAC Scan Analysis variables listing	Num	8	
ucvym	See IAC Scan Analysis variables listing	Num	8	
ucvysd	See IAC Scan Analysis variables listing	Num	8	
ucvzm	See IAC Scan Analysis variables listing	Num	8	
ucvzsd	See IAC Scan Analysis variables listing	Num	8	
ufwhm	See IAC Scan Analysis variables listing	Num	8	
uhu10	HU value below which 10% of voxels fall	Num	8	
uhu15	HU value below which 15% of voxels fall	Num	8	
uhu20	HU value below which 20% of voxels fall	Num	8	
ukint	Knee intercept	Num	8	
uknee	See IAC Scan Analysis variables listing	Num	8	
ukslp	See IAC Scan Analysis variables listing	Num	8	
ukurt	Kurtosis	Num	8	
umean	Mean	Num	8	
umed	Median	Num	8	
usd	Standard deviation	Num	8	
uskew	Skewness	Num	8	
utisv	Region vol that is tissue & blood(ml)	Num	8	
utotv	Total volume of region (cubic ml)	Num	8	
utotvx	Total number of voxels in a region	Num	8	
uvar	Variance	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

SUBNEJM - Subgroup status as defined in primary outcome paper

Date file created: 07 May 2006
Observations: 1218
Variables: 5

Variable Name	Variable Label	Type	Variable Length	Format
ifdl	1=FEV<=20%,dlco<=20%,0=oth,blnk=nonhirsk	Num	8	
ifrc	1=FEV<=20%,nonhetero,0=oth,blnk=nonhirsk	Num	8	
maxcat	1=F<=25W or M<=40W, 0=other, blnk=hi rsk	Num	8	
newnett	New NETT patient ID no.	Char	5	
ul	1=uppr lobe, 0=other, blank=high risk	Num	8	

SUBSTUDY - Indicates participation in substudy (ABG CV LM)

Date file created: 07 May 2006
Observations: 494
Variables: 4

Variable Name	Variable Label	Type	Variable Length	Format
abg	1=in ABG substudy, 0 otherwise	Num	8	
cardio	1=in CV substudy, 0 otherwise	Num	8	
lmech	1=in Lung Mech substudy, 0 otherwise	Num	8	
newnett	New NETT patient ID no.	Char	5	

TMTO - Form TM/TO Trail Making Test

Date file created: 13 May 2006
Observations: 3894
Variables: 10

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to #days frm RZ/scr strt	Num	8	
newnett	New NETT patient ID no.	Char	5	
tm209	9 Is this the Rehab assessment	Char	1	
tm210	10 Patient ineligible	Char	1	
tm207m	7 Trail A: time (min)	Char	2	
tm207s	7 Trail A: time (sec)	Char	2	
tm208m	8 Trail B: time (min)	Char	2	
tm208s	8 Trail B: time (sec)	Char	2	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Trail Making Test (for s1, f24, f48)

Purpose: Record results of Trail Making Test.

When: Visit s1 as part of the Rehabilitation Evaluation (assessment must be completed before Core Rehabilitation begins), f24, f48. Use Alternate Trail Making Test (Form TO) for f12, f36, and f60.

Administered by: Rehabilitation staff, Clinic Coordinator, or other staff trained in its administration.

Respondent: Patient.

Instructions: A stopwatch and NETT Flash Card #10 should be available. Administer and score trails A and B as directed below. When testing is completed, attach a label with the patient ID, name code, and appropriate visit code to each of pages 2-5. Staple page 1 to pages 2-5. Only items on page 1 are keyed to the NETT database.

A. Clinic, patient and visit identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of assessment):*

____-____-____
day mon year

5. Visit code: ____ ____ ____

6. Form & revision: t m 2

B. Test

Instructions*: Administer Sample A as instructed on NETT Flash Card #10. After the patient completes Sample A, administer Trail A as instructed on NETT Flash Card #10.*

7. Trail A time: ____ ____:____ ____
minutes seconds

Instructions*: After the patient completes Trail A, administer Sample B as instructed on NETT Flash Card #10. After the patient completes Sample B, administer Trail B as instructed on NETT Flash Card #10.*

8. Trail B time: ____ ____:____ ____
minutes seconds

C. Screen

9. Is this the Rehab Eval (s1/s2) assessment:

( ) Yes (1) ( ) No (2)

If No (2) → **11.**

10. Based on this assessment is there any reason to declare the patient ineligible for NETT:

( ) Yes (1) ( ) No (2)

If No (2) → **11.**

_____
specify reason for ineligibility

D. Administrative information

11. Examiner name *(please print):*

_____

12. Examiner signature:

_____

13. Clinic Coordinator PIN: ____ ____ ____

14. Clinic Coordinator signature:

_____

15. Date form reviewed:

____-____-____
day mon year

Affix label here **244**

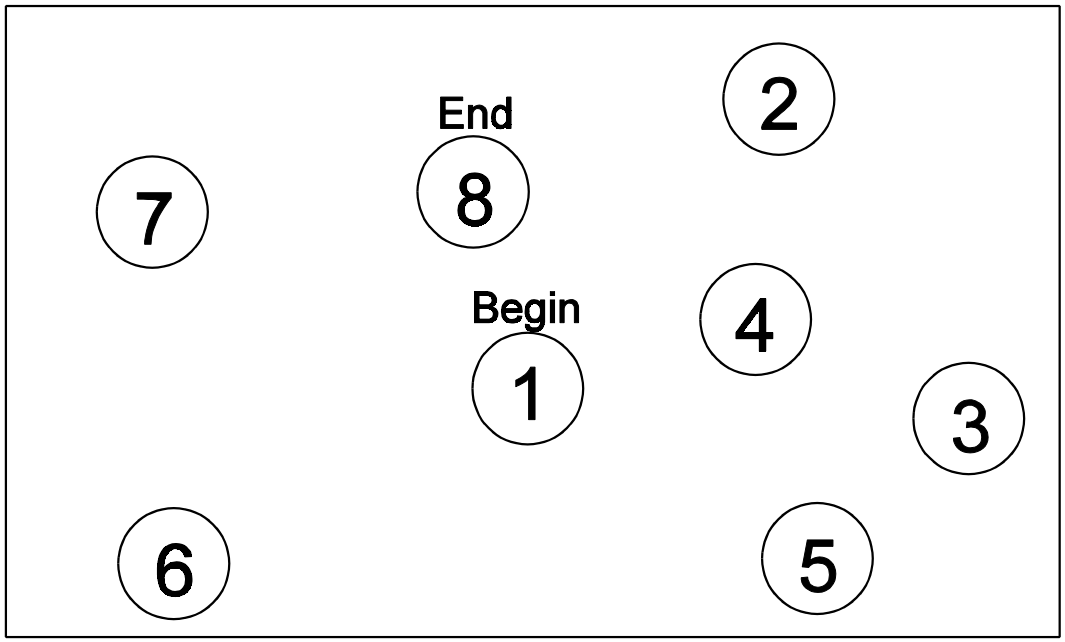
Pt ID: __ __ __ __ __

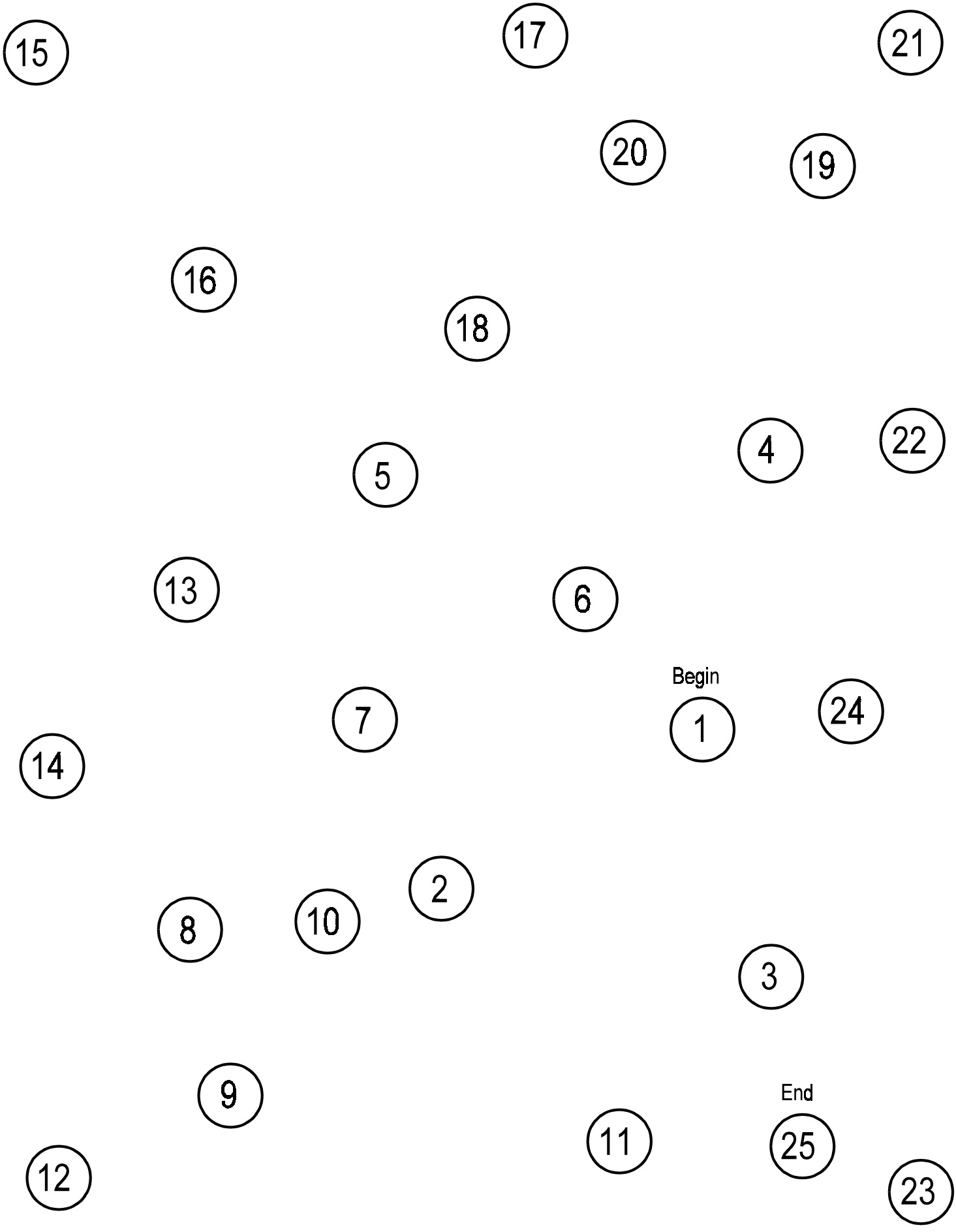
Namecode: __ __ __ __ __

TRAIL MAKING

Part A

SAMPLE




15
17
21
20
19
16
18
22
4
5
13
6
Begin
7
1
24
14
2
8
10
3
9
End
11
25
12
23

Affix label here **246**

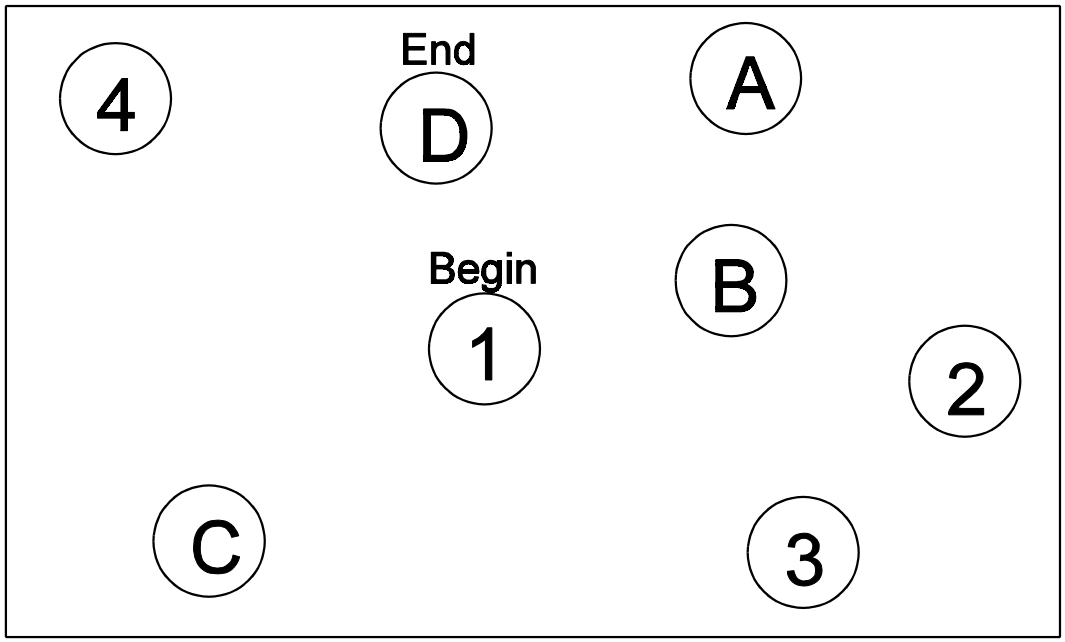
Pt ID: __ __ __ __ __

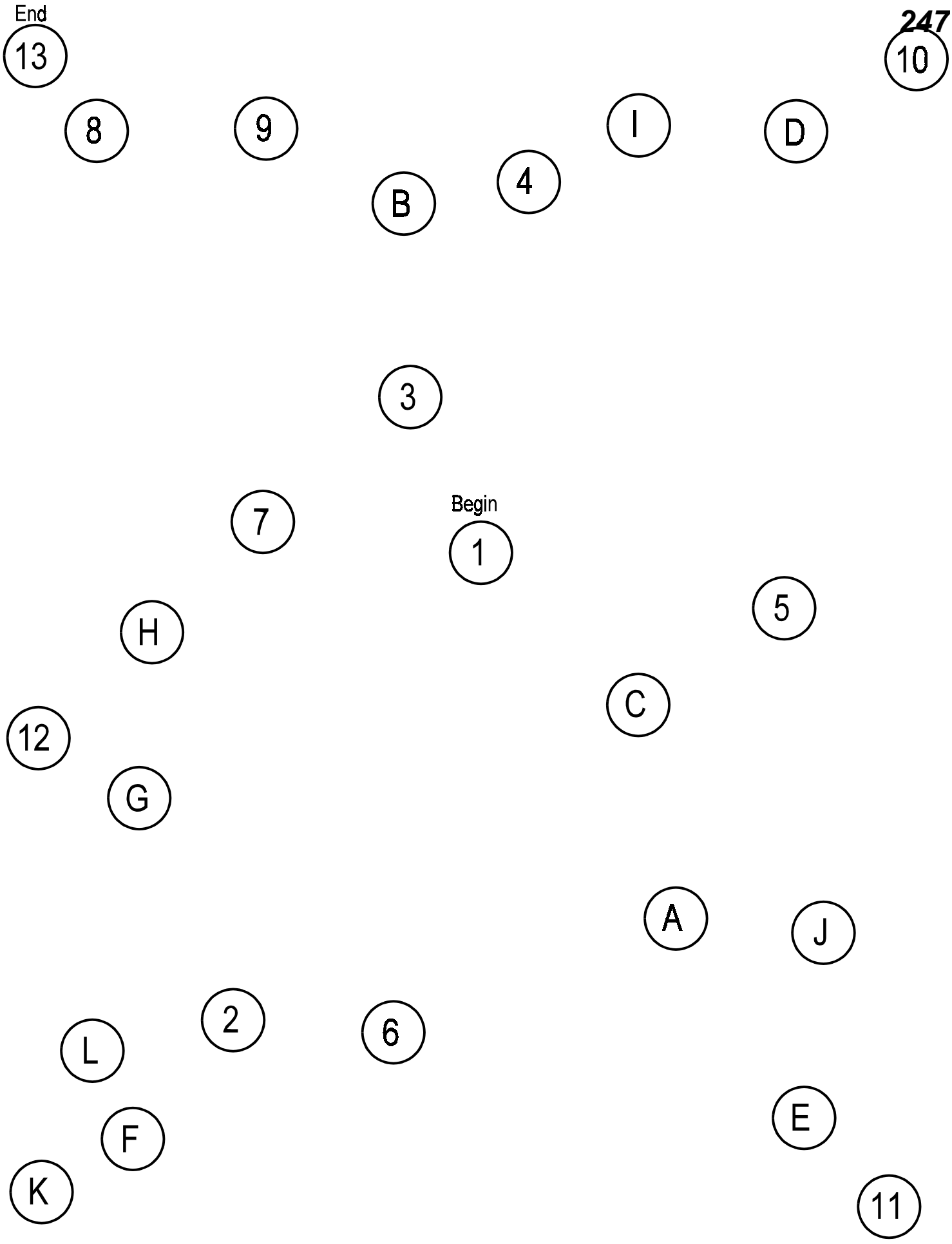
Namecode: __ __ __ __ __

TRAIL MAKING

Part B

SAMPLE




End
13
10
8
9
I
D
4
B
3
7
Begin
1
5
H
C
12
G
A
J
2
6
L
E
F
K
11

UE_ADMIT - Admissions to non-acute care facilities based on UE form

Date file created: 13 May 2006
Observations: 69
Variables: 6

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue237	#37 cnvrtd to # of days frm RZ/scr	Num	8	
ue238	38 Patient discharged	Char	1	
ue239	#39 cnvrtd to # of days frm RZ/scr	Num	8	
ue207a	#7a cnvrtd to # of days frm RZ/scr	Num	8	
ue207b	7b Visit code	Char	3	

UE_EXREH - Extra rehab prescriptions based on UE form

Date file created: 13 May 2006
Observations: 324
Variables: 9

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue220	20 Extra education sessions	Char	1	
ue222	22 No of extra education sessions	Char	3	
ue225	25 Extra exercise sessions prescribed	Char	1	
ue227	27 No of extra exercise sessions	Char	3	
ue230	30 Extra psychosocial sessions prescrib	Char	1	
ue232	32 No of extra sessions	Char	3	
ue207a	#7a cnvrtd to # of days frm RZ/scr	Num	8	
ue207b	7b Visit code	Char	3	

UE_LVR14 - Identifies LVRS patients with LVRS more than 14 days after RZ

Date file created: 13 May 2006
Observations: 74
Variables: 31

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue214	#14 cnvrtd to # of days frm RZ/scr	Num	8	
ue215a	15a COPD exacerbation	Char	1	
ue215b	15b Pneumonia	Char	1	
ue215c	15c Other illness	Char	1	
ue215d	15d Other issue related to patient	Char	1	
ue215e	15e Surgeon not available	Char	1	
ue215f	15f Other scheduling problem	Char	1	
ue215g	15g Other reason	Char	1	
ue216a	16a Spirometry	Char	1	
ue216b	16b MVV	Char	1	
ue216c	16c Lung volumes	Char	1	
ue216d	16d DLCO	Char	1	
ue216e	16e ABGs	Char	1	
ue216f	16f Respiratory mouth pressures	Char	1	
ue216g	16g Oxygen titration	Char	1	
ue216h	16h 6 minute walk(s)	Char	1	
ue216i	16i Exercise test	Char	1	
ue216j	16j Chest x-ray	Char	1	
ue216k	16k CT scan	Char	1	
ue216l	16l Perfusion scan	Char	1	
ue216m	16m Blood analyses	Char	1	
ue216n	16n Urine analysis	Char	1	
ue216o	16o Physical exam	Char	1	
ue216p	16p Interim history	Char	1	
ue216q	16q SF-36	Char	1	
ue216r	16r SGRQ	Char	1	
ue216s	16s UCSD SOBQ	Char	1	
ue216t	16t QWB	Char	1	
ue216u	16u Other repeated tests	Char	1	
ue216v	16v No repeated tests	Char	1	

UE_NNETT - Identifies participants with LVRS outside NETT

Date file created: 13 May 2006
Observations: 44
Variables: 6

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue241	41 Type of LVRS	Char	1	
ue242	42 Operated on right lung	Char	1	
ue243	#43 cnvrtd to # of days frm RZ/scr	Num	8	
ue244	44 Operated on left lung	Char	1	
ue245	#45 cnvrtd to # of days frm RZ/scr	Num	8	

UE_NOREH - Identifies participants with no complete rehab sessions after RZ

Date file created: 13 May 2006
Observations: 108
Variables: 1

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	

UE_REF - Identifies participants randomized to LVRS but who refused LVRS

Date file created: 13 May 2006
Observations: 28
Variables: 7

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue209	9 Patient refused NETT LVRS	Char	1	
ue210a	10a Rehab provided enough benefit	Char	1	
ue210b	10b LVRS too risky	Char	1	
ue210c	10c Other reason for LVRS refusal	Char	1	
ue211a	11a LVRS performed as assigned	Char	1	
ue211b	11b LVRS not done for other reason	Char	1	

UE_TRNS - Identifies participants receiving lung transplant during followup

Date file created: 13 May 2006
Observations: 26
Variables: 3

Variable Name	Variable Label	Type	Variable Length	Format
newnett	New NETT patient ID no.	Char	5	
ue248	48 Bilateral transplant done	Char	1	
ue249	#49 cnvrtd to # of days frm RZ/scr	Num	8	

( ) keyed

255

Unusual Event

Purpose: To record unusual events, adverse events reportable to NETT, or other events that impact on NETT treatment or participation.

When: As needed for randomized or non-randomized NETT patients.

Administered by: Clinic Coordinator and Study Physician.

Respondent: None.

Instructions: Use this form as needed to record incidence of unusual events and adverse events reportable to NETT (see PPM 36). Events to be reported on this form include refusal of NETT LVRS; NETT LVRS different from assigned or LVRS not done for reason other than patient refusal; NETT LVRS done more than 14 days after randomization; failure to complete any post randomization NETT rehabilitation; prescription of additional NETT rehabilitation sessions post randomization (prescription of additional sessions prior to randomization should be documented on Form AA); non NETT LVRS for a NETT patient; lung transplant; unusual or adverse event that occurs during a NETT procedure, rehabilitation session, or examination; other unusual or adverse event that occurs during screening or followup that you consider reportable to NETT, associated with the patient's participation in NETT, or that impacts on the patient's treatment for emphysema or participation in NETT.

This form is constructed to cover each of the listed events in a section. You do not have to repeat information recorded on a previously completed UE form.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated)*:

____ ____-____ ____ ____-____ ____
day mon year

5. Visit ID code: n ____ ____

6. Form & revision: u e 2

B. Visit interval and treatment assignment identification

7. Most recent scheduled screening or followup visit *(telephone or clinic)*

a. Date: ____ ____-____ ____ ____-____ ____
day mon year

b. Visit code: ____ ____ ____

included in all UE files except ue_ref.sd2
ue_lvr14.sd2
ue_nnett.sd2
ue_trns.sd2
ue_noreh.sd2

8. Treatment assignment:

Medical treatment (1)
17.
Median sternotomy (2)
VATS (3)
Not randomized (4)
40.

C. Refusal of NETT LVRS

9. Did the patient refuse to schedule NETT LVRS:

Yes (1) No (2)
11.

10. Reason for refusal *(check all that apply)*

a. Feels that rehab provided enough benefit: (1)

b. Feels LVRS is too risky: (1)

c. Other *(specify)*: (1)

_____
specify

_____
specify

included in ue_ref.sd2

included in ue_ref.sdz

D. NETT LVRS different from assigned LVRS or not done for reason other than patient refusal

11. LVRS performed as assigned

a. Was the LVRS performed as assigned *(ie, MS received MS; VATS received VATS)*:

Yes (1) No (2)

13. ___

b. Was the LVRS not done for a reason other than patient refusal:

Yes (1) No (2)

13. ___

12. Reason for LVRS different from assigned LVRS or not done for reason other than patient refusal:

_____

_____

_____

E. NETT LVRS done more than 14 days after randomization

13. Was NETT LVRS done more than 14 days post randomization *(Day 1 = day after randomization, LVRS done on Day 15 or greater is LVRS done more than 14 days post randomization)*:

Yes (1) No (2)

17. ___

14. Date of LVRS:

___ ___ - ___ ___ ___ - ___ ___

day mon year

15. Reason for delay *(check all that apply)*

a. COPD exacerbation: (1)

b. Pneumonia: (1)

c. Patient had other illness: (1)

_____

specify

d. Other issue related to patient: (1)

_____

specify

e. Surgeon not available: (1)

f. Other clinic/hospital scheduling problem: *(specify)*: (1)

_____

specify

g. Other reason *(specify)*: (1)

_____

specify

16. Tests repeated prior to LVRS *(check all that apply)*

a. Spirometry: (1)

b. MVV: (1)

c. Lung volumes: (1)

d. D_LCO: (1)

e. ABGs: (1)

f. Respiratory mouth pressures: (1)

g. Oxygen titration: (1)

h. 6 minute walk: (1)

i. Exercise test: (1)

j. Chest x-ray: (1)

k. CT scan: (1)

l. Perfusion scan: (1)

m. Blood analyses: (1)

n. Urine analysis: (1)

o. Physical exam: (1)

p. Interim History: (1)

q. SF-36: (1)

r. SGRQ: (1)

s. UCSD SOBQ: (1)

t. QWB: (1)

u. Other *(specify)*: (1)

_____

specify

v. None (1)

NOTE: Complete Forms XS and XP to record the events of the NETT LVRS.

ue_lvr14.sdz

F. Failure to complete any post randomization rehabilitation

17. Did the patient complete at least one post randomization rehabilitation program session or evaluation:

Yes (1) No (2)

ue_noreh.sd2 19. ___

18. Reason for not completing any post randomization rehabilitation program sessions or evaluations:

_____

_____

_____

G. Prescription of extra rehabilitation sessions post randomization

19. Were extra rehabilitation sessions prescribed for the patient post randomization:

Yes (1) No (2)

35. ___

20. Were extra education sessions prescribed:

Yes (1) No (2)

25. ___

21. Reason for prescribing extra education sessions:

_____

_____

_____

22. Number of extra education sessions prescribed:

___ ___ ___

23. Time frame for completion of the extra education sessions:

_____

_____

_____

24. Topics covered:

_____

_____

_____

25. Were extra exercise sessions prescribed:

Yes (1) No (2)

30. ___

26. Reason for prescribing extra exercise sessions:

_____

_____

_____

27. Number of extra exercise sessions prescribed:

___ ___ ___

28. Time frame for completion of extra exercise sessions:

_____

_____

_____

29. Type of exercise sessions prescribed:

_____

_____

_____

30. Were extra psychosocial sessions prescribed:

Yes (1) No (2)

35. ___

31. Reason for prescribing extra psychosocial sessions:

_____

_____

_____

32. Number of extra psychosocial sessions prescribed:

___ ___ ___

ue_exreh.sd2

ue_extreh.sdz

33. Time frame for completion of extra psychosocial sessions:

_____

_____

_____

34. Nature of extra psychosocial sessions *(specify general content):*

_____

_____

_____

H. Admission to medical institution other than acute care hospital

(Eg, extended care facility, skilled nursing facility, rehabilitation hospital)

35. Was the patient admitted to a medical institution other than an acute care hospital:

Yes (1) No (2)

ue_admit.sdz 40.

36. Reason for admission:

_____

_____

_____

37. Date admitted:

___ ___-___ ___ ___-___ ___
day mon year

38. Has the patient been discharged:

Yes (1) No (2)

40.

39. Date discharged:

___ ___-___ ___ ___-___ ___
day mon year

I. Non NETT LVRS

(Specify as much information as known; enter d if you don't have the information requested)

40. Did the patient receive LVRS outside of NETT:

Yes (1) No (2)

47.

41. Type of LVRS *(check only one):*

MS (1)
VATS (2)
Other *(specify)* (3)

_____
specify

42. Was the right lung operated on:

Yes (1) No (2)

44.

43. Date of right lung LVRS:

___ ___-___ ___ ___-___ ___
day mon year

44. Was the left lung operated on:

Yes (1) No (2)

46.

45. Date of left lung LVRS:

___ ___-___ ___ ___-___ ___
day mon year

46. Who did the surgery

a. Name of surgeon:

_____

b. Name of hospital/institution:

_____

c. Location of hospital/institution:

_____

J. Lung transplant

(Specify as much information as known; enter d if you don't have the information requested)

47. Did the patient receive a lung transplant:

Yes (1) No (2)

51.

48. Was the transplant bilateral *(check only one):*

Yes (1)
No, right side only (2)
No, left side only (3)

ue_trns.sdz

49. Date of transplant:

___ ___ - ___ ___ ___ - ___ ___
day mon year

50. Who did the surgery

a. Name of surgeon:

_____

b. Name of hospital/institution:

_____

c. Location of hospital/institution:

_____

K. Unusual event during a NETT procedure, rehabilitation session, or examination

51. Did the patient experience an unusual event during a NETT procedure, rehabilitation session, or examination:

Yes (1) No (2)

58. ___

52. Nature of event:

_____

_____

_____

53. Date event started:

___ ___ - ___ ___ ___ - ___ ___
day mon year

54. Date event resolved *(enter n if event is not yet resolved):*

___ ___ - ___ ___ ___ - ___ ___
day mon year

55. Procedure, session, or examination during which event occurred *(check all that apply)*

a. Spirometry: (1)
b. MVV: (1)
c. Lung volumes: (1)
d. D_LCO: (1)
e. Respiratory mouth pressures: (1)
f. Pulmonary mechanics: (1)
g. Oxygen titration: (1)
h. 6 minute walk: (1)
i. Max exercise test: (1)
j. Chest x-ray: (1)
k. CT scan: (1)
l. Perfusion scan: (1)
m. ECG: (1)
n. Echocardiogram: (1)
o. Dobutamine radionuclide scan: (1)
p. Right heart catheterization: (1)
q. Blood draw: (1)
r. Physical exam: (1)
s. Rehab exercise session: (1)
t. During LVRS: (1)
u. While hospitalized post LVRS: (1)
v. Other *(specify):* (1)

_____
specify

56. What action was taken:

_____

_____

_____

ue_ueae.sdz

57. IRB/adverse event reporting

a. Will this event be reported to the clinic's IRB:

(Yes 1) (No 2)

58.

b. Does this clinic consider this event an adverse event reportable to NETT (per PPM 36):

(Yes * 1) (No 2)

**If Yes, key this form, send the CC a copy of this UE form, a narrative of the event, and a copy of correspondence with your IRB; by checking Yes, you have stated that this event is considered an adverse event reportable to NETT per PPM 36.*

63. IRB/adverse event reporting

a. Will this event be reported to the clinic's IRB:

(Yes 1) (No 2)

64.

b. Does this clinic consider this event an adverse event reportable to NETT (as defined in PPM 36):

(Yes * 1) (No 2)

**If Yes, key this form, send the CC a copy of this UE form, a narrative of the event, and a copy of the correspondence with your IRB; by checking Yes, you have stated that this event is considered an adverse event reportable to NETT per PPM 36.*

L. Other event judged reportable to NETT or that impacts on the patient's treatment for emphysema or participation in NETT

58. Did the clinic, patient or family experience some other event that (1) the clinic judges is an adverse event reportable to NETT or (2) impacts on the patient's treatment for emphysema or participation in NETT:

(Yes 1) (No 2)

64.

59. Nature of event:

_____

_____

_____

60. Date event started:

___ ___ - ___ ___ ___ - ___ ___
day mon year

61. Date event resolved *(enter n if event is not yet resolved)*:

___ ___ - ___ ___ ___ - ___ ___
day mon year

62. What action was taken:

_____

_____

_____

M. Administrative information

64. Study Physician PIN: ___ ___ ___

65. Study Physician signature:

_____

66. Clinic Coordinator PIN: ___ ___ ___

67. Clinic Coordinator signature:

_____

68. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___
day mon year

VALIDS - demographic data treatment assignment and vital status

Date file created: 13 May 2006
Observations: 3775
Variables: 8

Variable Name	Variable Label	Type	Variable Length	Format
deathdt	Death date cnvrtd to #days frm RZ/scr	Num	8	
eligdt	Date finl scr cycl strtd,#days frmRZ/scr	Num	8	
enrolldt	RZ date as #days frm RZ/scr (ie, 0)	Num	8	
ethnic	w=white, o=other	Char	1	
gender	m=male, f=female	Char	1	
medid	blnk=nonRZ, 1=medical, 2=MS, 3=VATS	Num	8	
newnett	New NETT patient ID no.	Char	5	
vitstat	1=dead, blank=alive	Char	1	

VC - Form VC Cardiovascular Substudy (rev 1)

Date file created: 07 May 2006
Observations: 218
Variables: 28

Variable Name	Variable Label	Type	Variable Length	Format
artsat	Arterial sat (oximetry, VC#26)	Num	8	
co	Cardiac output (L/min, VC#23)	Num	8	
form	Data source (Scharf file or VC form)	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
hemogc	Hemoglobin at cath (g/dL, VC#29)	Num	8	
hr	Heart rate (beats/min, VC#24)	Num	8	
lvef	MUGA L ventric ejection fraction (VC#30)	Num	8	
map	Mean arterial pressure (mmHg, VC#8)	Num	8	
mnpaexp	Mean pulm art end exp (mmHg, VC#19)	Num	8	
mnpainsp	Mean pulm art end insp (mmHg, VC#20)	Num	8	
mvo2	Mixed venous O2 sat fraction (VC#25)	Num	8	
newnett	New NETT patient ID no.	Char	5	
padexp	Pulm art end diast exp (mmHg, VC#17)	Num	8	
padinsp	Pulm art end diast insp (mmHg, VC#18)	Num	8	
pasexp	Pulm art end syst exp (mmHg, VC#15)	Num	8	
pasinsp	Pulm art end syst insp (mmHg, VC#16)	Num	8	
pcwexp	Pulm cap wedge end exp (mmHg, VC#21)	Num	8	
pcwinsp	Pulm cap wedge end insp (mmHg, VC#22)	Num	8	
pesexp	End exp esophageal (mmHg, VC#32)	Num	8	
pesinsp	End insp esophageal (mmHg, VC#33)	Num	8	
raexp	R atrial end exp (mmHg, VC#9)	Num	8	
rainsp	R atrial end insp (mmHg, VC#10)	Num	8	
rvdexp	R ventric end diast exp (mmHg, VC#13)	Num	8	
rvdinsp	R ventric end diast insp (mmHg, VC#14)	Num	8	
rvef	R ventric ejection fraction (VC#27)	Num	8	
rvsexp	R ventric end syst exp (mmHg, VC#11)	Num	8	
rvsinsp	R ventric end syst insp (mmHg, VC#12)	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	

Cardiovascular Substudy

( ) key 263

Purpose: Record data for Cardiovascular Substudy.

When: s1 and f06.

Instructions: Use Form VC only for patients participating in the Cardiovascular Substudy. Right heart catheterization data collected for patients who require the procedure for NETT screening because of echocardiogram findings or other reason are recorded on Form HF, Heart Function Summary.

If a Cardiovascular Substudy patient requires right heart catheterization for screening, the right heart catheterization data will be recorded on both this form and Form HF. If a Cardiovascular Substudy patient does not require right heart catheterization for screening, the right heart catheterization data need be recorded only on Form VC.

At visit f06, only Cardiovascular Substudy patients will have right heart catheterization, and the right heart catheterization data obtained at f06 should be completed only on Form VC (not on Form HF).

If you key this form for the s1 visit and the patient is randomized, then you must also account for the Cardiovascular Substudy followup visit at 6 months (f06), either by completing Form VC for f06 (if the patient completes any of the substudy procedures) or by completing Form MV (if the patient misses all of the substudy procedure).

A. All clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date of catheterization)*:

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: ____ ____ ____

6. Form & revision: V C 1

B. Eligibility for substudy

7. Is the patient in sinus rhythm:

( ) Yes 1 (*) No 2 Elig ____

The patient is ineligible for the substudy, but may be eligible for the main trial.

C. Substudy data

8. Mean arterial pressure: MAP ____ ____ ____ mmHg

9. Right atrial end expiratory pressure *(circle + or -)*:

+ - RAexp ____ ____ • ____ mmHg

10. Right atrial end inspiratory pressure *(circle + or -)*:

+ - RA insp ____ ____ • ____ mmHg

11. Right ventricular end systolic expiratory pressure: RVSexp

____ ____ • ____ mmHg

12. Right ventricular end systolic inspiratory pressure: RVSinsp

____ ____ • ____ mmHg

13. Right ventricular end diastolic expiratory pressure *(circle + or -)*: RVDexp

+ - ____ ____ • ____ mmHg

14. Right ventricular end diastolic inspiratory pressure *(circle + or -)*: RVDinsp

+ - ____ ____ • ____ mmHg

15. Pulmonary arterial end systolic expiratory pressure: PASexp

____ ____ • ____ mmHg

16. Pulmonary arterial end systolic inspiratory pressure: PASinsp

____ ____ • ____ mmHg

17. Pulmonary arterial end diastolic expiratory pressure:

PADexp ___ ___ • ___ mmHg

18. Pulmonary arterial end diastolic inspiratory pressure:

PADinsp ___ ___ • ___ mmHg

19. Mean pulmonary arterial end expiratory pressure:

Mean PAexp ___ ___ • ___ mmHg

20. Mean pulmonary arterial end inspiratory pressure:

Mean PAinsp ___ ___ • ___ mmHg

21. Pulmonary capillary wedge end expiratory pressure:

PCWexp ___ ___ • ___ mmHg

22. Pulmonary capillary wedge end inspiratory pressure *(circle + or -)*:

PCWinsp + - ___ ___ • ___ mmHg

23. Cardiac output:

CO ___ ___ • ___ L/min

24. Heart rate:

HR ___ ___ ___ bpm

25. MVO_2 (mixed venous oxygen saturation fraction):

MVO2 ___ • ___ ___

26. Arterial saturation (oximetry) fraction:

ARTSAT ___ • ___ ___

27. Right ventricular ejection fraction:

RVEF ___ • ___ ___

28. Was hemoglobin measured at catheterization:

( ) Yes (1) ( ) No (2)

30.

29. Hemoglobin measured at catheterization:

HEMOGC ___ ___ • ___ g/dL

30. Left ventricular ejection fraction *(from MUGA)*:

LVEF ___ • ___ ___

31. Were esophageal pressures measured:

( ) Yes (1) ( ) No (2)

34.

32. End expiratory esophageal pressure *(circle + or -)*:

PESexp + - ___ ___ • ___ mmHg

33. End inspiratory esophageal pressure *(circle + or -)*:

PESinsp + - ___ ___ • ___ mmHg

D. Administrative information

34. Study physician PIN ___ ___ ___

35. Study physician signature:

_____

36. Clinic Coordinator PIN: ___ ___ ___

37. Clinic Coordinator signature:

_____

38. Date form reviewed:

___ ___ – ___ ___ – ___ ___

day mon year

WCORE - IAC whole lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
actair	Actual air value in the CT scan	Num	8	
actbt	Actual blood tissue value in the CT scan	Num	8	
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histowho		Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
newnett	New NETT patient ID no.	Char	5	
nomair	Nominal air value in a CT scan	Num	8	
nombt	Nominal blood tissue value in a CT scan	Num	8	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	

WCORE - IAC whole lung core file

Date file created: 13 May 2006
Observations: 2236
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

WHOLE - IAC whole lung holes file

Date file created: 13 May 2006
Observations: 2236
Variables: 28

Variable Name	Variable Label	Type	Variable Length	Format
alpha_1	At -950, see IAC Scan Analysis vbl list	Num	8	
alpha_2	At -930, see IAC Scan Analysis vbl list	Num	8	
alpha_3	At -910, see IAC Scan Analysis vbl list	Num	8	
alpha_4	At -890, see IAC Scan Analysis vbl list	Num	8	
alpha_5	At -870, see IAC Scan Analysis vbl list	Num	8	
alpha_6	At -850, see IAC Scan Analysis vbl list	Num	8	
c1_1	Y intercept at -950	Num	8	
c1_2	Y intercept at -930	Num	8	
c1_3	Y intercept at -910	Num	8	
c1_4	Y intercept at -890	Num	8	
c1_5	Y intercept at -870	Num	8	
c1_6	Y intercept at -850	Num	8	
cutoff_1	At -950, see IAC Scan Analysis vbl list	Num	8	
cutoff_2	At -930, see IAC Scan Analysis vbl list	Num	8	
cutoff_3	At -910, see IAC Scan Analysis vbl list	Num	8	
cutoff_4	At -890, see IAC Scan Analysis vbl list	Num	8	
cutoff_5	At -870, see IAC Scan Analysis vbl list	Num	8	
cutoff_6	At -850, see IAC Scan Analysis vbl list	Num	8	
entityve	Hole pgm version number	Char	18	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
newnett	New NETT patient ID no.	Char	5	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
slicethi	Slice thickness	Char	14	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	
wholehol		Num	8	

WPEEL - IAC whole lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 65

Variable Name	Variable Label	Type	Variable Length	Format
actair	Actual air value in the CT scan	Num	8	
actbt	Actual blood tissue value in the CT scan	Num	8	
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histowho		Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
newnett	New NETT patient ID no.	Char	5	
nomair	Nominal air value in a CT scan	Num	8	
nombt	Nominal blood tissue value in a CT scan	Num	8	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	

WPEEL - IAC whole lung peel file

Date file created: 13 May 2006
Observations: 2236
Variables: 65

Variable Name	Variable Label	Type	Variable Length	Format
slicethi	Slice thickness	Char	14	
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

WVER2 - IAC whole lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
actair	Actual air value in the CT scan	Num	8	
actbt	Actual blood tissue value in the CT scan	Num	8	
ae50	No. of voxels above -50 HU in a region	Num	8	
ae100	No. of voxels above -100 HU in a region	Num	8	
ae150	No. of voxels above -150 HU in a region	Num	8	
ae200	No. of voxels above -200 HU in a region	Num	8	
ae250	No. of voxels above -250 HU in a region	Num	8	
aint	Ankle intercept	Num	8	
airv	Volume of region that is air (ml)	Num	8	
ankl	Ankle	Num	8	
aslp	Ankle slope	Num	8	
be600	No. of voxels below -600 HU in a region	Num	8	
be620	No. of voxels below -620 HU in a region	Num	8	
be640	No. of voxels below -640 HU in a region	Num	8	
be660	No. of voxels below -660 HU in a region	Num	8	
be810	No. of voxels below -810 HU in a region	Num	8	
be830	No. of voxels below -830 HU in a region	Num	8	
be850	No. of voxels below -850 HU in a region	Num	8	
be870	No. of voxels below -870 HU in a region	Num	8	
be890	No. of voxels below -890 HU in a region	Num	8	
be900	No. of voxels below -900 HU in a region	Num	8	
be910	No. of voxels below -910 HU in a region	Num	8	
be920	No. of voxels below -920 HU in a region	Num	8	
be930	No. of voxels below -930 HU in a region	Num	8	
be940	No. of voxels below -940 HU in a region	Num	8	
be950	No. of voxels below -950 HU in a region	Num	8	
be960	No. of voxels below -960 HU in a region	Num	8	
ccutoff	See IAC Scan Analysis variables listing	Num	8	
cvm	See IAC Scan Analysis variables listing	Num	8	
cvsd	See IAC Scan Analysis variables listing	Num	8	
cvxm	See IAC Scan Analysis variables listing	Num	8	
cvxsd	See IAC Scan Analysis variables listing	Num	8	
cvym	See IAC Scan Analysis variables listing	Num	8	
cvysd	See IAC Scan Analysis variables listing	Num	8	
cvzm	See IAC Scan Analysis variables listing	Num	8	
cvzsd	See IAC Scan Analysis variables listing	Num	8	
entityve	Histogram pgm version number	Char	18	
fwhm	See IAC Scan Analysis variables listing	Num	8	
histowho		Num	8	
hu10	HU value below which 10% of voxels fall	Num	8	
hu15	HU value below which 15% of voxels fall	Num	8	
hu20	HU value below which 20% of voxels fall	Num	8	
hwcreate	hwcreate cnvrtd to #days frm RZ/scr strt	Num	8	
intercep	Value used to convert voxels into HU	Num	8	
kint	Knee intercept	Num	8	
knee	See IAC Scan Analysis variables listing	Num	8	
kslp	See IAC Scan Analysis variables listing	Num	8	
kurt	Kurtosis	Num	8	
mean	Mean	Num	8	
med	Median	Num	8	
newnett	New NETT patient ID no.	Char	5	
nomair	Nominal air value in a CT scan	Num	8	
nombt	Nominal blood tissue value in a CT scan	Num	8	
passver		Char	13	
scandate	scandate cnvrtd to #days frm RZ/scr strt	Num	8	
sd	Standard deviation	Num	8	
skew	Skewness	Num	8	
slicethi	Slice thickness	Char	14	

WVER2 - IAC whole lung ver2 file

Date file created: 13 May 2006
Observations: 2236
Variables: 64

Variable Name	Variable Label	Type	Variable Length	Format
tisv	Region vol that is tissue & blood(ml)	Num	8	
totv	Total volume of region (cubic ml)	Num	8	
totvx	Total number of voxels in a region	Num	8	
var	Variance	Num	8	
visit	Visit s1,f06-6mosaftrRZ,f36-36mos aftrRZ	Char	3	
vxsize	Voxel size	Num	8	

XP - Form XP Post-operative Summary Report (rev 3)

Date file created: 13 May 2006
Observations: 580
Variables: 84

Variable Name	Variable Label	Type	Variable Length	Format
adynil	1=Adynamic ileus in 30 days post op	Num	8	
aldure	Max days w/airleak on R or L aftr closr	Num	8	
aldyne	Y/N airleak either side ever in 30 days	Num	8	
bleed	1=Bleedng,CT>750ml/24hr in30dayspostop	Num	8	
bltrnsf	1=Bleeding req transfus in30dayspostop	Num	8	
cecvol	1=Cecal volvulus in 30 days post op	Num	8	
cholecys	1=Cholecystitis in 30 days post op	Num	8	
ctinf	1=CT site infection in 30 days post op	Num	8	
cva	1=Cerebrovascular event in 30days postop	Num	8	
delir	1=Delirium in 30 days post op	Num	8	
divert	1=Diverticulitis in 30 days post op	Num	8	
dvt	1=DVT in 30 days post op	Num	8	
empyema	1=Empyema in 30 days post op	Num	8	
epicth	1=Epidural cath complic in 30days postop	Num	8	
exacbron	1=Exacerb of bronchitis in 30days postop	Num	8	
fextub	1=Fail early extubat in30days postop	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
fwean	1=Failure to wean in 30 days post op	Num	8	
gibld	1=GI bleed in 30 days post op	Num	8	
mediast	1=Mediastinitis in 30 days post op	Num	8	
mi	1=Myocardial infarction in 30days postop	Num	8	
newnett	New NETT patient ID no.	Char	5	
nopost	1=No complications in 30 days post op	Num	8	
othr	1=Other complic in 30 days post op	Num	8	
perfvis	1=Perforated viscus in 30 days post op	Num	8	
phleb	1=Phlebitis in 30 days post op	Num	8	
pneumon	1=Pneumonia in 30 days post op	Num	8	
pneuthor	1=Pneumothorax in 30 days post op	Num	8	
pulmembo	1=Pulmonary embolus in 30 days post op	Num	8	
read72	1=Readmit tohosp in72hrs in30dayspostop	Num	8	
readicu	1=Readmit to ICU in 30days postop	Num	8	
reopal	1=Reoperatn for airleak in30dayspostop	Num	8	
reopbld	1=Reoperatn for bleeding in30days postop	Num	8	
reopdehi	1=Sternal dehisc req reop in30dayspostop	Num	8	
sepsis	1=Sepsis in 30 days post op	Num	8	
sterdebr	1=Sternal debridement in 30 days post op	Num	8	
swi	1=Suprficial wound inf in30dayspostop	Num	8	
tia	1=TIA in 30 days post op	Num	8	
trach	1=Tracheostomy in 30 days post op	Num	8	
urinet	1=Urinary retention in 30 days post op	Num	8	
uti	1=Urinary tract infection in30dayspostop	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	
xp307	#7 cnvrtd to # of days frm RZ/scr	Num	8	
xp308	#8 cnvrtd to # of days frm RZ/scr	Num	8	
xp309	9 Air leak -- RT side	Char	1	
xp310	10 Duration of air leak (days) - RT	Char	2	
xp312	12 Air leak -- LFT side	Char	1	
xp313	13 Duration of air leak (days) - LFT	Char	2	
xp315	15 Tubes placed to suction - RT side	Char	1	
xp316	16 Tubes removed - RT side	Char	1	
xp317	#17 cnvrtd to # of days frm RZ/scr	Num	8	
xp318	18 Tubes placed to suction - LFT side	Char	1	
xp319	19 Tubes removed - LFT side	Char	1	
xp320	#20 cnvrtd to # of days frm RZ/scr	Num	8	
xp322	22 Number of days on ventilator	Char	2	
xp323	23 Number of days intubated	Char	2	
xp324	24 Number of post-op intubations	Char	2	

XP - Form XP Post-operative Summary Report (rev 3)

Date file created: 13 May 2006
Observations: 580
Variables: 84

Variable Name	Variable Label	Type	Variable Length	Format
xp325	25 Number of days with epidural analges	Char	2	
xp326	26 Number of days with PCA	Char	2	
xp327	27 Arrhythmia in 30 day post-op period	Char	1	
xp330	30 Discharged in 30day post-op period	Char	1	
xp331	#31 cnvrtd to # of days frm RZ/scr	Num	8	
xp332	32 Discharged to	Char	1	
xp333	33 Discharged with test tube	Char	1	
xp334	34 Re-hospitalized w/in 30 days of LVRS	Char	1	
xp335	#35 cnvrtd to # of days frm RZ/scr	Num	8	
xp338	38 Patient dischared after readmission	Char	1	
xp339	#39 cnvrtd to # of days frm RZ/scr	Num	8	
xp311a	11a Talc treatment - RT side	Char	1	
xp311b	11b Blood patch - RT side	Char	1	
xp311c	11c Pleurodesis - RT side	Char	1	
xp311d	11d Other treatment - RT side	Char	1	
xp311e	11e No treatment - RT side	Char	1	
xp314a	14a Talc treatment - LFT side	Char	1	
xp314b	14b Blood patch - LFT side	Char	1	
xp314c	14c Pleurodesis - LFT side	Char	1	
xp314d	14d Other treatment - LFT side	Char	1	
xp314e	14e No treatment - LFT side	Char	1	
xp321a	21a Number of days in surgical ICU	Char	2	
xp321b	21b Number of days in medical ICU	Char	2	
xp328a	28a Pharmacologic tx for arrhythmia	Char	1	
xp328b	28b Cardioversion tx for arrhythmia	Char	1	
xp328c	28c No treatment for arrhythmia	Char	1	

Post-operative Summary Report

( ) keyed **274**

Purpose: To summarize the 30 day post-operative period.

When: 30 days after surgery (if patient died on or before Day 30 post surgery, complete as soon as information is available).

Administered by: Clinic Coordinator and thoracic surgeon.

Respondent: None.

Instructions: This form summarizes the health events occurring in the 30 day period after surgery. The 30 day period is defined as: day of surgery=Day 0; day after surgery=Day 1; count forward till you reach Day 30. Report events that occur from the close of the intra-operative period on Day 0 through Day 30 on this form. Do not report events that happened on Day 31 or later on this form. Do not report intra-operative events on this form. If the patient died **during the surgery**, do not complete this form

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ - ____ - ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: x p 3

B. Interval check

7. Date of LVRS:

____ - ____ - ____
day mon year

8. Date 30 days post LVRS *(Day 0 = date in item 7; Day 1 = day after date in item 7; record date of Day 30 in this item):*

____ - ____ - ____
day mon year

C. Post-operative summary *(report events occurring in interval immediately post surgery through date in item 8)*

9. Air leak, right side:

None ever (1)
→ **12.**
None at closure, but developed subsequently (2)
Present at closure (3)

10. Number of calendar days in 30 day post-operative period with air leak on right side:

____ ____
days

11. Post-operative treatment for air leak on right side *(check all that apply)*

a. Talc: (1)
b. Blood patch: (1)
c. Pleurodesis (1)
d. Other *(specify):* (1)

_____
specify

e. No treatment post-operative: (1)

12. Air leak, left side:

None ever (1)
→ **15.**
None at closure, but developed subsequently (2)
Present at closure (3)

13. Number of calendar days in the 30 day post-operative period with air leak on left side:

____ ____
days

14. Post-operative treatment for air leak on left side *(check all that apply)*

a. Talc: (1)

b. Blood patch: (1)

c. Pleurodesis (1)

d. Other *(specify):* (1)

_____
specify

e. No treatment post-operative: (1)

15. Were any of the right side chest tubes ever placed to suction during the 30 day post-operative period:

Yes (1)

No (2)

No right side chest tube(s) (3)

→ **18.**

16. Have all chest tubes been removed from the right side:

Yes (1)

No, at least 1 chest tube remains 30 days post-op (2)

→ **18.**

No, patient died with at least 1 chest tube still in place: (3)

→ **18.**

17. Date last right side chest tube was removed:

___ ___ - ___ ___ - ___ ___
day mon year

18. Were any of the left side chest tubes ever placed to suction during the 30 day post-operative period:

Yes (1)

No (2)

No left side chest tube(s) (3)

→ **21.**

19. Have all chest tubes been removed from the left side:

Yes (1)

No, at least 1 chest tube remains 30 days post-op (2)

→ **21.**

No, patient died with at least 1 chest tube still in place (3)

→ **21.**

20. Date last left side chest tube was removed:

___ ___ - ___ ___ - ___ ___
day mon year

21. Number of calendar days in ICU in 30 day post-op period *(total days, if more than one ICU stay)*

a. Surgical ICU: ___ ___ # days

b. Medical ICU: ___ ___ # days

22. Number of calendar days on ventilator in 30 day post-op period: ___ ___ # days

23. Number of calendar days intubated in 30 day post-op period: ___ ___ # days

24. Number of post-op intubations in 30 day post-op period *(ie, subsequent to intra-operative intubation):* ___ ___

25. Number of calendar days with epidural analgesia in 30 day post-op period: ___ ___ # days

26. Number of calendar days with patient controlled analgesia (PCA) in 30 day post-op period: ___ ___ # days

27. Did the patient experience an arrhythmia in the 30 day post-operative period:

Yes (1) No (2)

→ **29.**

28. Treatment for arrhythmia *(check all that apply)*

a. Pharmacologic: (1)

b. Cardioversion: (1)

c. No treatment required: (1)

29. Other post-operative complications *(check all that apply)*

a. Failure of early extubation (> 4 hours from end of operation): (1)

b. Tracheostomy: (1)

c. Failure to wean: (1)

d. Reoperation for air leak: (1)

e. Myocardial infarction: (1)

f. Bleeding: chest tube output > 750 ml in 24 hours: (1)

g. Reoperation for bleeding: (1)

h. Post-operative bleeding requiring transfusion: (1)

i. Superficial wound infection (not extending below fascial layer): (1)

j. Mediastinitis: (1)

k. Empyema: (1)

l. Sternal dehiscence requiring reoperation: (1)

m. Pneumonia (infiltrate with fever, elevated WBC, positive sputum - need 2 of 3): (1)

n. Urinary tract infection: (1)

o. Urinary retention: (1)

p. Exacerbation of bronchitis: (1)

q. Phlebitis: (1)

r. Epidural catheter complications: (1)

s. Sepsis: (1)

t. Chest tube site infection: (1)

u. Sternal debridement: (1)

v. Gastrointestinal bleed: (1)

w. Adynamic ileus (NG tube or NPO for > 48 hours): (1)

x. Cecal volvulus: (1)

y. Perforated viscus: (1)

z. Cholecystitis: (1)

aa. Diverticulitis: (1)

ab. Cerebrovascular accident: (1)

ac. Transient ischemic attack/RIND (symptoms last < 24 hours): (1)

ad. Delirium: (1)

ae. DVT documented by non-invasive vascular studies: (1)

af. Pulmonary embolus (high probability V/Q scan): (1)

ag. Readmission to hospital within 72 hours of initial discharge from hospital: (1)

ah. Readmission to MICU or SICU (after transfer to other unit or home; ie, any readmission to the MICU or SICU): (1)

ai. Other *(specify):* (1)

_____
specify

aj. None of the above (1)

30. Was the patient ever discharged from the hospital during the 30 day post-operative period:

Yes (1)

No, patient was never discharged and survived to at least the day after the date in item 8 (2)

40. ←

No, patient died on or before the date in item 8 without ever having been discharged (3)

40. ←

31. Date of hospital discharge *(initial discharge if more than one):*

___ ___ - ___ ___ ___ - ___ ___
day mon year

32. Where was patient discharged to:

Patient's home (1)

Relative or friend's home (2)

Nursing home (3)

Rehabilitative or medical care institution (4)

Other *(specify)* (5)

_____
specify

33. Was the patient discharged with a chest tube in place attached to a Heimlich valve:

(Yes 1) (No 2)

34. Was the patient re-hospitalized on or before the date in item 8 at an acute care facility after discharge:

(Yes 1) (No 2)

→ **40.**

35. Date of readmission *(earliest date if multiple readmissions):*

___ ___ - ___ ___ ___ - ___ ___
day mon year

36. Reason for readmission:

_____

_____

_____

37. Events/treatment *(describe):*

_____

_____

_____

38. Was the patient discharged after readmission *(discharge on or before the date in item 8):*

Yes (1)

No, still in hospital after readmission (2)

→ **40.**

No, died in hospital after readmission (3)

→ **40.**

39. Date of discharge *(latest date if multiple discharges during the 30 day post-op period):*

___ ___ - ___ ___ ___ - ___ ___
day mon year

40. 30 day vital status:

Survived to at least the day after the date in item 8 (1)

→ **42.**

Dead on or before the date in item 8 (2)

41. Date of death:

___ ___ - ___ ___ ___ - ___ ___
day mon year

D. Administrative information

42. Thoracic surgeon PIN: ___ ___ ___

43. Thoracic surgeon signature:

_____

44. Clinic Coordinator PIN: ___ ___ ___

45. Clinic Coordinator signature:

_____

46. Date form reviewed:

___ ___ - ___ ___ ___ - ___ ___
day mon year

XS - Form XS Surgery (Intra-operative) Summary Report (rev 3)

Date file created: 13 May 2006
Observations: 580
Variables: 101

Variable Name	Variable Label	Type	Variable Length	Format
airlkcle	Air leak at end of closure, R or L	Num	8	
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
maxincl	Length (cm) of longest incision, R or L	Num	8	
newnett	New NETT patient ID no.	Char	5	
totninc	Total no. of VATS incisions, R+L	Num	8	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	
xs307	#7 cnvrtd to # of days frm RZ/scr	Num	8	
xs308	8 Bilateral LVRS	Char	1	
xs309	9 Side receiving LVRS	Char	1	
xs310	10 Median sternotomy performed	Char	1	
xs311	11 Orientation of incision	Char	1	
xs312	12 VATS performed	Char	1	
xs315	15 Other procedure done	Char	1	
xs329	29 Chest tubes on right side	Char	1	
xs330	30 Number of chest tubes: right side	Char	2	
xs332	32 Chest tubes on left side	Char	1	
xs333	33 Number of chest tubes: left side	Char	2	
xs335	35 Estimated blood loss (ml)	Char	4	
xs339	39 Arrhythmia during LVRS	Char	1	
xs343	43 Anesthesia time (min)	Char	3	
xs344	44 Time from incision to closure (min)	Char	3	
xs346	46 Tissue specimens saved	Char	1	
xs313a	13a Number of incisions (RT)	Char	2	
xs313b	13b Number of incisions (LFT)	Char	2	
xs314a	14a Length of incisions (RT)	Char	3	
xs314b	14b Length of incisions (LFT)	Char	3	
xs316a	16a Adhesions: right side	Char	1	
xs316b	16b Adhesions: left side	Char	1	
xs317a	17a Location of disease: right side	Char	1	
xs317b	17b Location of disease: left side	Char	1	
xs318a	18a Amount of lung removed: right side	Char	1	
xs318b	18b Amount of lung removed: left side	Char	1	
xs319a	19a Ethicon stapler: right side	Char	1	
xs319b	19b US Surgical stapler: right side	Char	1	
xs319c	19c 3M stapler: right side	Char	1	
xs319d	19d Endo GIA 30 stapler: right side	Char	1	
xs319e	19e Endo TA 30 stapler: right side	Char	1	
xs319f	19f Other type stapler: right side	Char	1	
xs320a	20a Ethicon stapler: left side	Char	1	
xs320b	20b US Surgical stapler: left side	Char	1	
xs320c	20c 3M stapler: left side	Char	1	
xs320d	20d Endo GIA 30 stapler: left side	Char	1	
xs320e	20e Endo TA 30 stapler: left side	Char	1	
xs320f	20f Other type stapler: left side	Char	1	
xs321a	21a 3.5 staple length: right side	Char	1	
xs321b	21b 3.8 staple length: right side	Char	1	
xs321c	21c 4.8 staple length: right side	Char	1	
xs321d	21d Other staple length: right side	Char	1	
xs322a	22a 3.5 staple length: left side	Char	1	
xs322b	22b 3.8 staple length: left side	Char	1	
xs322c	22c 4.8 staple length: left side	Char	1	
xs322d	22d Other staple length: left side	Char	1	
xs323a	23a Number of cartridges used: right sid	Char	2	
xs323b	23b Number of cartridges used: left side	Char	2	
xs324a	24a Peristrips: right side	Char	1	
xs324b	24b Seamguard: right side	Char	1	
xs324c	24c PTFE: right side	Char	1	

XS - Form XS Surgery (Intra-operative) Summary Report (rev 3)

Date file created: 13 May 2006
Observations: 580
Variables: 101

Variable Name	Variable Label	Type	Variable Length	Format
xs324d	24d Other buttressing material: right si	Char	1	
xs324e	24e No buttressing material: right side	Char	1	
xs325a	25a Peristrips: left side	Char	1	
xs325b	25b Seamguard: left side	Char	1	
xs325c	25c PTFE: left side	Char	1	
xs325d	25d Other buttressing material: left sid	Char	1	
xs325e	25e No buttressing material: left side	Char	1	
xs326a	26a Pleural tent done: right side	Char	1	
xs326b	26b Pleural tent done: left side	Char	1	
xs326c	26c Pleural tent not done	Char	1	
xs327a	27a Pleurodesis done: right side	Char	1	
xs327b	27b Pleurodesis done: left side	Char	1	
xs327c	27c Pleurodesis not done	Char	1	
xs328a	28a Air leak at end of closure - RT	Char	1	
xs328b	28b Air leak at end of closure - LFT	Char	1	
xs331a	31a Chest tubes to water seal - RT	Char	1	
xs331b	31b Chest tubes to suction - RT	Char	1	
xs331c	31c Other chest tubes - RT	Char	1	
xs334a	34a Chest tubes to water seal - LFT	Char	1	
xs334b	34b Chest tubes to suction - LFT	Char	1	
xs334c	34c Other chest tubes - LFT	Char	1	
xs336a	36a Transfusion - whole blood/packed red	Char	1	
xs336b	36b Number of units transfused	Char	2	
xs337a	37a Patient received fresh frozen plasma	Char	1	
xs337b	37b Number of units of frozen plasma	Char	2	
xs338a	38a Patient received platelets	Char	1	
xs338b	38b Number of packs of platelets	Char	2	
xs340a	40a Pharmacologic treatment for arrhythm	Char	1	
xs340b	40b Cardioversion treatment for arrhythm	Char	1	
xs340c	40c No treatment for arrhythmia	Char	1	
xs341a	41a Hypotension	Char	1	
xs341b	41b Hypoxemia	Char	1	
xs341c	41c Hypercarbia	Char	1	
xs341d	41d Cardiac arrest	Char	1	
xs341e	41e Uncontrolled air leak	Char	1	
xs341f	41f Intra-operative death	Char	1	
xs341g	41g Other intraoperative complication	Char	1	
xs341h	41h No intraoperative complication	Char	1	
xs345a	45a Weight of removed lung: right side	Char	4	
xs345b	45b Weight of removed lung: left side	Char	4	
xs347a	47a 4-6 fragments in formation saved	Char	1	
xs347b	47b 4-6 fragments in Methacarn saved	Char	1	
xs347c	47c 4 fragments in OCT saved & snap froz	Char	1	

Surgery (Intra-operative) Summary Report

( ) keyed **280**

Purpose: To summarize the intra-operative events.

When: After LVRS has been completed.

Administered by: Clinic Coordinator and Thoracic Surgeon who performed the surgery.

Respondent: None.

Instructions: Use this form to record information related to intra-operative events. Use the Post-operative Summary Report (XP) form to report post-operative events. If surgery was not bilateral, enter ''n'' for questions which cannot be answered for the lung not operated on. If the patient died during surgery, complete this form, as well as the Death Report (DR) form and the Death Certificate Report (DF) form.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: x s 3

B. Surgical information

7. Date of LVRS:

____ ____ - ____ ____ ____ - ____ ____
day mon year

8. Was the LVRS bilateral:

Yes (1) No (2)

10.

____
specify why not

____
specify why not

____
describe what was done

____
describe what was done

9. Which side received LVRS:

Right (1)
Left (2)

10. Was median sternotomy performed:

Yes (1) No (2)

12.

11. Orientation of incision:

Vertical (1)
Transverse (2)
Other *(specify)* (3)

____
specify

12. Was VATS performed:

Yes (1) No (2)

15.

13. Number of incisions

a. Right side: ____ ____ # incisions

b. Left side: ____ ____ # incisions

14. Length of longest incision

a. Right side: ____ ____ • ____ cm

b. Left side: ____ ____ • ____ cm

15. Was a procedure other than VATS or median sternotomy (or additional to VATS or median sternotomy) performed:

Yes (1) No (2)

16.

____
specify

16. Adhesions:

a. Right side:

None or minimal (≤ 5% of pleural surface) (1)
Moderate (6-20% of pleural surface) (2)
Marked (> 20% of pleural surface) (3)

b. Left side:

None or minimal (≤ 5% of pleural surface) (1)
Moderate (6-20% of pleural surface) (2)
Marked (> 20% of pleural surface) (3)

17. Location of disease

a. Right side:

Upper lobe predominance (1)
Lower lobe predominance (2)
Diffuse (3)

b. Left side:

Upper lobe predominance (1)
Lower lobe predominance (2)
Diffuse (3)

18. Amount of lung removed:

a. Right lung:

< 20% (1)
20-34% (2)
35-49% (3)
50-59% (4)
60-80% (5)
> 80% (6)

b. Left lung:

< 20% (1)
20-34% (2)
35-49% (3)
50-59% (4)
60-80% (5)
> 80% (6)

19. Type(s) of stapler used on right side *(check all that apply)*

a. Ethicon: (1)
b. US Surgical/AutoSuture Company: (1)
c. 3M: (1)
d. Endo GIA 30: (1)
e. Endo TA 30: (1)
f. Other *(specify):* (1)

_____
specify

20. Type(s) of stapler used on left side *(check all that apply)*

a. Ethicon: (1)
b. US Surgical/AutoSuture Company: (1)
c. 3M: (1)
d. Endo GIA 30: (1)
e. Endo TA 30: (1)
f. Other *(specify):* (1)

_____
specify

21. Staple length, right side *(check all that apply)*

a. 3.5: (1)
b. 3.8: (1)
c. 4.8: (1)
d. Other *(specify):* (1)

_____
specify

22. Staple length, left side *(check all that apply)*

a. 3.5: (1)
b. 3.8: (1)
c. 4.8: (1)
d. Other *(specify):* (1)

_____
specify

23. Number of cartridges used:

a. Right side: ___ ___ # cartridges

b. Left side: ___ ___ # cartridges

24. Type of buttressing material used on right side *(check all that apply)*

a. Peristrips: (1)
b. Seamguard: (1)
c. PTFE: (1)
d. Other *(specify):* (1)

_____
specify

e. None: (1)

25. Type of buttressing material used on left side *(check all that apply)*

a. Peristrips: (1)

b. Seamguard: (1)

c. PTFE: (1)

d. Other *(specify):* (1)

_____
specify

e. None: (1)

26. Pleural tent performed *(check all that apply):*

a. Right side (1)

b. Left side (1)

c. Neither side (1)

27. Pleurodesis performed *(check all that apply):*

a. Right side (1)

b. Left side (1)

c. Neither side (1)

28. Air leak at end of closure (pleurovac estimation)

a. Right side:

None (1)

Minimal (occasional bubble or pinhole stream) (2)

Moderate (intermediate stream of bubbles with respiratory variation) (3)

Large (large stream of nearly constant bubbles) (4)

b. Left side:

None (1)

Minimal (occasional bubble or pinhole stream) (2)

Moderate (intermediate stream of bubbles with respiratory variation) (3)

Large (large stream of nearly constant bubbles) (4)

29. Were any chest tubes placed on the right side:

Yes (1) No (2) → **32.**

30. Number of chest tubes on right side: ___ ___
tubes

31. Placement of chest tubes on right side *(check all that apply)*

a. To water seal: (1)

b. To suction: (1)

c. Other *(specify):* (1)

_____
specify

32. Were any chest tubes placed on the left side:

Yes (1) No (2) → **35.**

33. Number of chest tubes on left side: ___ ___
tubes

34. Placement of chest tubes on left side *(check all that apply)*

a. To water seal: (1)

b. To suction: (1)

c. Other *(specify):* (1)

_____
specify

35. Estimated blood loss: ___ ___ ___ ___
ml

36. Whole blood or packed red cells transfusion

a. Did the patient receive a transfusion of whole blood and/or packed red cells:

Yes (1) No (2) → **37.**

b. How many units of whole blood and/or packed red cells were transfused: ___ ___
units

37. Fresh frozen plasma transfusion

a. Did the patient receive a transfusion of fresh frozen plasma:

Yes (1) No (2) → **38.**

b. How many units of fresh frozen plasma were transfused: ___ ___
units

38. Platelet transfusion

a. Did the patient receive a transfusion of platelets:

Yes (1) No (2) → 39.

b. How many packs of platelets were transfused: ___ ___ # packs

39. Did the patient experience an arrhythmia during the LVRS:

Yes (1) No (2) → 41.

40. Treatment for arrhythmia *(check all that apply)*

a. Pharmacologic: (1)

b. Cardioversion: (1)

c. None: (1)

41. Other intra-operative complications *(check all that apply)*

a. Hypotension (mean BP < 50 mmHg for more than 10 min): (1)

b. Hypoxemia (O_2 sat < 88% for more than 10 min): (1)

c. Hypercarbia (PCO_2 > 70 mmHg): (1)

d. Cardiac arrest: (1)

e. Uncontrolled air leak (as defined by surgeon): (1)

f. Intra-operative death (1)

g. Other *(specify):* (1)

_____
specify

h. None of the above: (1)

42. Anesthesiologist PIN: ___ ___ ___

43. Anesthesia time *(time from induction of anesthesia to case end):*

___ ___ ___
minutes

44. Time from skin incision to closure:

___ ___ ___
minutes

45. Weight of lung removed:

a. Right side:

___ ___ ___ . ___ ___
grams

b. Left side:

___ ___ ___ . ___ ___
grams

46. Were tissue specimens saved:

Yes (1) No (2) → 49.

47. Specimens saved *(check all that apply):*

a. 4-6 fragments in formalin (1)

b. 4-6 fragments in Methacarn (1)

c. 4 fragments in OCT and snap frozen (1)

48. Location of stored specimens *(specify):*

_____
specify location

C. Administrative information

49. Thoracic surgeon PIN *(surgeon who did the surgery reported on this form):*

___ ___ ___

50. Thoracic surgeon signature:

_____

51. Clinic Coordinator PIN: ___ ___ ___

52. Clinic Coordinator signature:

_____

53. Date form reviewed:

___ ___ – ___ ___ – ___ ___
day mon year

XZ - Form XZ Documentation of Randomization (rev 2)

Date file created: 13 May 2006
Observations: 1218
Variables: 10

Variable Name	Variable Label	Type	Variable Length	Format
form	Form abreviation and revision number	Char	4	
formdate	#4 cnvrtd to # of days frm RZ/scr	Num	8	
newnett	New NETT patient ID no.	Char	5	
visit	s1,s2,s3,rz,n,fxx where xx=mos from RZ	Char	3	
xz208	#8 cnvrtd to # of days frm RZ/scr	Num	8	
xz209	9 Treatment assignment	Char	1	
xz210	10 Surgery scheduled	Char	1	
xz211	#11 cnvrtd to # of days frm RZ/scr	Num	8	
xz212	12 Rehab consolidation phase scheduled	Char	1	
xz213	#13 cnvrtd to # of days frm RZ/scr	Num	8	

Documentation of randomization

( ) keyed **285**

Purpose: To record the circumstances regarding issue of the treatment assignment to the patient and to confirm the event of scheduling surgery for patients randomized to surgery and the event of scheduling the start of the consolidation phase of the rehabilitation program for patients randomized to medical treatment.

When: Visit rz, after randomization has occurred.

Administered by: Clinic Coordinator.

Respondent: None.

Instructions: The patient should be informed of his/her treatment assignment the same day that the assignment is generated or as soon thereafter as possible.

A. Clinic, visit, and patient identification

1. Clinic ID: ____ ____ ____ ____

2. Patient ID: ____ ____ ____ ____ ____

3. Patient name code: ____ ____ ____ ____ ____

4. Visit date *(date this form is initiated):*

____ ____ - ____ ____ ____ - ____ ____
day mon year

5. Visit ID code: r z ____

6. Form & revision: x z 2

B. Checks

7. PIN number of staff member who informed the patient of his/her treatment assignment:

____ ____ ____

8. Date patient was informed of his/her treatment assignment:

____ ____ - ____ ____ ____ - ____ ____
day mon year

9. Treatment assignment:

Medical therapy (1) → **12.**
MS (2)
VATS (3)

C. Surgery patients

10. Has the patient been scheduled for surgery:

Yes (1) → **11.** No (2)

If no, specify why not:

_____
specify.

→ **14.**

11. Scheduled date for surgery:

____ ____ - ____ ____ ____ - ____ ____
day mon year

→ **14.**

D. Medical patients

12. Has the patient been scheduled for the first rehabilitation consolidation phase visit:

Yes (1) → **13.** No (2)

If no, specify why not:

_____
specify

→ **14.**

13. Date of scheduled session:

____ ____ - ____ ____ ____ - ____ ____
day mon year

E. Next visit

14. Was visit f06 scheduled:

Yes (1) No (2)

16. ←

15. Date and time of visit f06

a. Date: ___ ___-___ ___ ___-___ ___
day mon year

b. Time:

___ ___ : ___ ___ (1) (2)
hour minute am pm

F. Administrative information

16. Clinic Coordinator PIN: ___ ___ ___

17. Clinic Coordinator signature:

_____

18. Date form reviewed:

___ ___-___ ___ ___-___ ___
day mon year